May 18, 2020

Veteran Cases

Parent Facility (Prior Reporting)	Location (New Detail)	Total	VA Outpatient	VA Inpatient, ICU	VA Inpatient, CLC	VA Inpatient, Acute	Deceased Other	Deceased Inpatient	Convalescent
	Total	10323	1273	198	29	399	304	667	7453
(402) Togus ME	(402) Togus VA Medical Center	17	4					1	12
(405) White River Junction VT	(405) White River Junction VA Medical Center	7					1	1	5
(436) Montana HCS (Fort Harrison MT)	(436) Fort Harrison VA Medical Center	5					1		4
(437) Fargo, ND (CACHE 5.0)	(437) Fargo VA Medical Center	22	8	1		2	4	1	6
(438) Sioux Falls SD (CACHE 5.0)	(438) Royal C. Johnson Veterans' Memorial Hospital	35	11	1			1		22
(442) Cheyenne WY	(442) Cheyenne VA Medical Center	14	1						13
(459) VA Pacific Islands HCS (Honolulu HI)	(459) Spark M. Matsunaga Department of Veterans Affairs Medical Center	7	1						6
(460) Wilmington DE	(460) Wilmington VA Medical Center	97	30	1			5	1	60
(463) Alaska VAHSRO (Anchorage AK)	(463) Anchorage VA Medical Center	8	1						7
(501) New Mexico HCS (Albuquerque NM)	(501) Raymond G. Murphy Department of Veterans Affairs Medical Center	34	4	4			2	3	21
(502) Alexandria, LA	(502) Alexandria VA Medical Center	38	8			2	4		24

(503) Altoona, PA	(503) James E. Van Zandt Veterans' Administration Medical Center	6	1						5
(504) Amarillo HCS (Amarillo TX)	(504) Thomas E. Creek Department of Veterans Affairs Medical Center	16	6			2			8
(506) Ann Arbor, MI	(506) Ann Arbor VA Medical Center	90	4	1		9		8	68
(506) Ann Arbor, MI	(506GA) Toledo VA Clinic	1							1
(508) Atlanta, GA	(508) Atlanta VA Medical Center	201	18	2	1	3	4	11	162
(509) Augusta, GA	(509) Charlie Norwood Department of Veterans Affairs Medical Center	36	3	1		1		3	28
(512) Maryland HCS (Baltimore MD)	(512) Baltimore VA Medical Center	103	20	4		11		3	65
(512) Maryland HCS (Baltimore MD)	(512A5) Perry Point VA Medical Center	1	1						
(515) Battle Creek, MI	(515) Battle Creek VA Medical Center	28	8				3		17
(515) Battle Creek, MI	(515BY) Wyoming VA Clinic	2							2
(516) Bay Pines,FL	(516) C.W. Bill Young Department of Veterans Affairs Medical Center	36	10	4			2		20
(516) Bay Pines,FL	(516BZ) Lee County VA Clinic	3	1						2
(517) Beckley, WV	(517) Beckley VA Medical Center	1							1
(518) Bedford,MA	None Identified	3							3
(518) Bedford,MA	(518) Edith Nourse Rogers Memorial Veterans' Hospital	143	13		1		2	27	100
(518) Bedford,MA	(518GE) Gloucester VA Clinic	1	1						

(519) West Texas HCS (Big Spring TX)	(519) George H. O'Brien, Jr., Department of Veterans Affairs Medical Center	7	1						6
(520) Biloxi, MS	(520) Biloxi VA Medical Center	14	4			2	1	1	6
(520) Biloxi, MS	(520GA) Mobile VA Clinic	1							1
(520) Biloxi, MS	(520GC) Eglin Air Force Base VA Clinic	1							1
(521) Birmingham, AL	(521) Birmingham VA Medical Center	41	11	2		5		5	18
(521) Birmingham, AL	(521GJ) Birmingham VA Clinic	1							1
(523) Boston HCS (Boston)	(523) Jamaica Plain VA Medical Center	117	14				15	6	82
(523) Boston HCS (Boston)	(523A4) West Roxbury VA Medical Center	93	4	1	1	8	4	17	58
(523) Boston HCS (Boston)	(523A5) Brockton VA Medical Center	72	5	1		3		6	57
(523) Boston HCS (Boston)	(523BY) Lowell VA Clinic	22	3						19
(523) Boston HCS (Boston)	(523GC) Quincy VA Clinic	1							1
(526) Bronx, NY	(526) James J. Peters Department of Veterans Affairs Medical Center	468	24	8	2	14	5	58	357
(526) Bronx, NY	(526GA) White Plains VA Clinic	1	1						
(528) Upstate New York HCS	None Identified	3						1	2
(528) Upstate New York HCS	(528) Buffalo VA Medical Center	180	32			11	12	12	113
(528) Upstate New York HCS	(528A5) Canandaigua VA Medical Center	1							1
(528) Upstate New York HCS	(528A6) Bath VA Medical Center	4				2			2
(528) Upstate New York HCS	(528A7) Syracuse VA Medical Center	10		1		1		2	6

(528) Upstate New York HCS	(528A8) Samuel S. Stratton Department of Veterans Affairs Medical Center	36	3			2		6	25
(528) Upstate New York HCS	(528GE) Rochester Westfall VA Clinic	1							1
(528) Upstate New York HCS	(528QC) Rochester Calkins VA Clinic	3	2						1
(529) Butler, PA	(529) Abie Abraham VA Clinic	11					3		8
(529) Butler, PA	(529GA) Michael A. Marzano Department of Veterans Affairs Outpatient Clinic	1							1
(531) Boise,ID	(531) Boise VA Medical Center	7	1					1	5
(534) Charleston, SC	(534) Ralph H. Johnson Department of Veterans Affairs Medical Center	20	5			1			14
(534) Charleston, SC	(534GF) Trident 1 VA Clinic	1							1
(537) Chicago (Westside), IL	(537) Jesse Brown Department of Veterans Affairs Medical Center	279	22	3	2	16	1	16	219
(538) Chillicothe, OH	(538) Chillicothe VA Medical Center	11	3					1	7
(539) Cincinnati, OH	(539) Cincinnati VA Medical Center	45	5				1	1	38
(539) Cincinnati, OH	None Identified	1							1
(540) Clarksburg, WV	(540) Louis A. Johnson Veterans' Administration Medical Center	4	1						3
(541) Cleveland, OH	None Identified	5		2				1	2
(541) Cleveland, OH	(541) Louis Stokes Cleveland Department of Veterans Affairs Medical Center	177	24	1		14	20	1	117
(541) Cleveland, OH	(541BY) Canton VA Clinic	2	1						1

(541) Cleveland, OH	(541BZ) Youngstown VA Clinic	3				1			2
(541) Cleveland, OH	(541GD) David F. Winder Department of Veterans Affairs Community Based Outpatient Clinic	2	1						1
(541) Cleveland, OH	(541GG) Akron VA Clinic	1							1
(541) Cleveland, OH	(541GL) Parma VA Clinic	2							2
(541) Cleveland, OH	(541QA) Summit County VA Clinic	1	1						
(541) Cleveland, OH	(541QB) Cleveland VA Clinic-Euclid	1							1
(542) Coatesville, PA	None Identified	1							1
(542) Coatesville, PA	(542) Coatesville VA Medical Center	51	11			11	7		22
(542) Coatesville, PA	(542GA) Delaware County VA Clinic	1							1
(544) Columbia, SC	(544) Wm. Jennings Bryan Dorn Department of Veterans Affairs Medical Center	122	11				4	4	103
(544) Columbia, SC	(544BZ) Greenville VA Clinic	8	2						6
(544) Columbia, SC	(544GD) Anderson VA Clinic	2	1						1
(544) Columbia, SC	(544GF) Sumter VA Clinic	2							2
(546) Miami, FL	(546) Bruce W. Carter Department of Veterans Affairs Medical Center	100	7			10		6	77
(546) Miami, FL	(546BZ) William "Bill" Kling Department of Veterans Affairs Outpatient Clinic	2							2
(548) West Palm Beach, FL	(548) West Palm Beach VA Medical Center	51	6	1		4	2	4	34
(548) West Palm Beach, FL	(548GB) Delray Beach VA Clinic	1							1

(548) West Palm Beach, FL	(548GD) Boca Raton VA Clinic	1							1
(549) North Texas HCS (Dallas TX)	(549) Dallas VA Medical Center	67	16			2	2	4	43
(550) Illiana HCS (Danville IL)	(550) Danville VA Medical Center	6	1						5
(552) Dayton, OH	(552) Dayton VA Medical Center	18	5	1					12
(552) Dayton, OH	(552GC) Richmond VA Clinic	1	1						
(553) Detroit, MI	(553) John D. Dingell Department of Veterans Affairs Medical Center	207	10	2	4		1	26	164
(553) Detroit, MI	(553BU) Detroit VA Domiciliary	4						1	3
(554) Eastern Colorado HCS (Denver CO)	(554) Rocky Mountain Regional VA Medical Center	232	23	1		7	12	5	184
(554) Eastern Colorado HCS (Denver CO)	(554GE) PFC Floyd K. Lindstrom Department of Veterans Affairs Clinic	9	2						7
(556) North Chicago, IL	(556) Captain James A. Lovell Federal Health Care Center	97	12	5		14		1	65
(557) Dublin, GA	(557) Carl Vinson Veterans' Administration Medical Center	42	8						34
(558) Durham, NC	(558) Durham VA Medical Center	58	5	1		9	2		41
(558) Durham, NC	(558GA) Greenville VA Clinic	5	2				1		2
(558) Durham, NC	(558GB) Raleigh VA Clinic	2	1						1
(561) New Jersey HCS (East Orange)	None Identified	4							4
(561) New Jersey HCS (East Orange)	(561) East Orange VA Medical Center	421	44	6		12	8	38	313
(561) New Jersey HCS (East Orange)	(561A4) Lyons VA Medical Center	238	4		2	2	3	25	202

(561) New Jersey HCS (East Orange)	(561GD) Hackensack VA Clinic	1							1
(561) New Jersey HCS (East Orange)	(561GE) Jersey City VA Clinic	1	1						
(562) Erie, PA	(562) Erie VA Medical Center	6	1				1		4
(564) Fayetteville, AR	(564) Fayetteville VA Medical Center	5	1					2	2
(565) Fayetteville, NC	(565) Fayetteville VA Medical Center	40	16			1	1		22
(565) Fayetteville, NC	(565GD) Hamlet VA Clinic	1	1						
(565) Fayetteville, NC	(565GE) Robeson County VA Clinic	3	1						2
(565) Fayetteville, NC	(565GL) Cumberland County VA Clinic	4							4
(568) Black Hills HCS (Fort Meade SD) (CACHE 5.0)	(568) Fort Meade VA Medical Center	1							1
(570) Central California HCS (Fresno CA)	(570) Fresno VA Medical Center	20	7	1		2			10
(573) N. Florida/S. Georgia HCS (Gainesville FL)	(573) Malcom Randall Department of Veterans Affairs Medical Center	26	3			3	1		19
(573) N. Florida/S. Georgia HCS (Gainesville FL)	(573A4) Lake City VA Medical Center	7		1					6
(575) Grand Junction, CO	(575) Grand Junction VA Medical Center	5	1				2		2
(578) Hines, IL	(578) Edward Hines Junior Hospital	151	23	5	3	9	1	11	99
(580) Houston, TX	(580) Michael E. DeBakey Department of Veterans Affairs Medical Center	126	33	1		1	2	5	84
(581) Huntington, WV	(581) Hershel "Woody" Williams VA Medical Center	6						1	5

(583) Indianapolis, IN	(583) Richard L. Roudebush Veterans' Administration Medical Center	242	32	11		9	10	22	158
(583) Indianapolis, IN	(583GD) Indianapolis West VA Clinic	1							1
(585) Iron Mountain, MI	(585) Oscar G. Johnson Department of Veterans Affairs Medical Facility	1							1
(586) Jackson, MS	(586) G.V. (Sonny) Montgomery Department of Veterans Affairs Medical Center	71	30	1		8	2	2	28
(589) VA Heartland West (Kansas City MO)	(589) Kansas City VA Medical Center	60	11			2	2	1	44
(589) VA Heartland West (Kansas City MO)	(589A4) Harry S. Truman Memorial Veterans' Hospital	7	1			3		1	2
(589) VA Heartland West (Kansas City MO)	(589A5) Colmery-O'Neil Veterans' Administration Medical Center	8	1						7
(589) VA Heartland West (Kansas City MO)	(589A6) Dwight D. Eisenhower Department of Veterans Affairs Medical Center	9							9
(589) VA Heartland West (Kansas City MO)	(589A7) Robert J. Dole Department of Veterans Affairs Medical and Regional Office Center	9	2					1	6
(589) VA Heartland West (Kansas City MO)	(589GB) Belton VA Clinic	1							1
(589) VA Heartland West (Kansas City MO)	(589GW) Salina VA Clinic	1							1
(589) VA Heartland West (Kansas City MO)	(589JC) Shawnee VA Clinic	1							1

(589) VA Heartland West (Kansas City MO)	(589JF) Honor VA Clinic	3							3
(590) Hampton, VA	None Identified	1							1
(590) Hampton, VA	(590) Hampton VA Medical Center	56	4	1		6	2	3	40
(593) Southern Nevada HCS (Las Vegas NV)	(593) North Las Vegas VA Medical Center	41	6			1	1		33
(593) Southern Nevada HCS (Las Vegas NV)	(593GD) Northwest Las Vegas VA Clinic	2							2
(593) Southern Nevada HCS (Las Vegas NV)	(593GE) Southeast Las Vegas VA Clinic	2	1						1
(593) Southern Nevada HCS (Las Vegas NV)	(593GG) Northeast Las Vegas VA Clinic	6							6
(593) Southern Nevada HCS (Las Vegas NV)	(593GH) Master Chief Petty Officer Jesse Dean VA Clinic	1							1
(595) Lebanon, PA	(595) Lebanon VA Medical Center	89	15	2			8	3	61
(595) Lebanon, PA	(595GC) Lancaster County VA Clinic	1							1
(596) Lexington, KY	(596A4) Troy Bowling Campus	9	3	1					5
(598) Central Arkansas HCS (Little Rock AR)	(598) John L. McClellan Memorial Veterans' Hospital	38	9	4			1	3	21
(598) Central Arkansas HCS (Little Rock AR)	(598A0) Eugene J. Towbin Healthcare Center	1							1
(600) Long Beach HCS (Long Beach CA)	(600) Tibor Rubin VA Medical Center	82	7			6	2	2	65
(603) Louisville, KY	(603) Robley Rex Department of Veterans Affairs Medical Center	63	4	4		1	1	6	47
(603) Louisville, KY	(603GB) New Albany VA Clinic	1	1						
(603) Louisville, KY	(603GC) Shively VA Clinic	2	2						
(603) Louisville, KY	(603GD) Stonybrook VA Clinic	1	1						

(603) Louisville, KY	(603GE) Newburg VA Clinic	4	1						3
(605) Loma Linda, CA	(605) Jerry L. Pettis Memorial Veterans' Hospital	39	10	2					27
(605) Loma Linda, CA	(605BZ) Loma Linda VA Clinic	7	1						6
(605) Loma Linda, CA	(605GD) Corona VA Clinic	1							1
(607) Madison, WI	(607) William S. Middleton Memorial Veterans' Hospital	19	2	5				2	10
(608) Manchester, NH	(608) Manchester VA Medical Center	23	7				2		14
(610) Northern Indiana HCS (Marion, IN)	(610) Marion VA Medical Center	16	5						11
(610) Northern Indiana HCS (Marion, IN)	(610A4) Fort Wayne VA Medical Center	15		2		1		4	8
(610) Northern Indiana HCS (Marion, IN)	(610GC) Goshen VA Clinic	1							1
(612) Northern California HCS (Martinez CA)	(612) Martinez VA Community Living Center	7	1						6
(612) Northern California HCS (Martinez CA)	(612A4) Sacramento VA Medical Center	15						3	12
(612) Northern California HCS (Martinez CA)	(612GF) Martinez VA Medical Center	7							7
(612) Northern California HCS (Martinez CA)	(612GH) McClellan VA Clinic	1							1
(613) Martinsburg, WV	(613) Martinsburg VA Medical Center	50	10	1		6	4	2	27
(614) Memphis, TN	(614) Memphis VA Medical Center	41	5	6				5	25
(618) Minneapolis, MN (CACHE 5.0)	(618) Minneapolis VA Medical Center	126	37	2		8	8	10	61
(618) Minneapolis, MN (CACHE 5.0)	(618GI) Northwest Metro VA Clinic	1	1						
(619) Central Alabama HCS (Montgomery AL)	(619) Central Alabama VA Medical Center-Montgomery	26	7			1			18

(619) Central Alabama HCS (Montgomery AL)	(619A4) Central Alabama VA Medical Center-Tuskegee	4	1			1			2
(619) Central Alabama HCS (Montgomery AL)	(619GF) Central Alabama Montgomery VA Clinic	1							1
(619) Central Alabama HCS (Montgomery AL)	(619QA) Dothan 2 VA Clinic	1	1						
(620) Hudson Valley HCS (Castle Point, Montrose)	None Identified	3							3
(620) Hudson Valley HCS (Castle Point, Montrose)	(620) Franklin Delano Roosevelt Hospital	115	12				1	7	95
(620) Hudson Valley HCS (Castle Point, Montrose)	(620A4) Castle Point VA Medical Center	58	3				2	1	52
(621) Mountain Home, TN	(621) James H. Quillen Department of Veterans Affairs Medical Center	13	2						11
(621) Mountain Home, TN	(621BY) William C. Tallent Department of Veterans Affairs Outpatient Clinic	2							2
(621) Mountain Home, TN	(621GI) Dannie A. Carr Veterans Outpatient Clinic	2							2
(621) Mountain Home, TN	(621GJ) Bristol VA Clinic	1							1
(621) Mountain Home, TN	None Identified	1							1
(623) Muskogee, OK	(623) Jack C. Montgomery Department of Veterans Affairs Medical Center	24	4	1			1	2	16
(623) Muskogee, OK	(623BY) Ernest Childers Department of Veterans Affairs Outpatient Clinic	4							4
(623) Muskogee, OK	(623GB) Vinita VA Clinic	2							2
(626) Tennessee Valley HCS (Nashville TN)	(626) Nashville VA Medical Center	46	8			2		3	33

(626) Tennessee Valley HCS (Nashville TN)	(626A4) Alvin C. York Veterans' Administration Medical Center	13	1	1		2			9
(629) New Orleans, LA	(629) New Orleans VA Medical Center	486	21	3		9	4	35	414
(629) New Orleans, LA	(629BY) Baton Rouge VA Clinic	26	3				3		20
(629) New Orleans, LA	(629GA) Houma VA Clinic	1	1						
(629) New Orleans, LA	(629GB) Hammond VA Clinic	6	1						5
(629) New Orleans, LA	(629GD) St. John VA Clinic	1							1
(629) New Orleans, LA	(629QA) Baton Rouge South VA Clinic	1							1
(630) New York HHS (Brooklyn)	None Identified	69			9	1		5	54
(630) New York HHS (Brooklyn)	(630) Manhattan VA Medical Center	262	20	2	1	15	6	30	188
(630) New York HHS (Brooklyn)	(630A4) Brooklyn VA Medical Center	195	5	4	2	6	1	36	141
(630) New York HHS (Brooklyn)	(630A5) St. Albans VA Medical Center	8							8
(631) Northampton, MA	(631) Edward P. Boland Department of Veterans Affairs Medical Center	48	9				2		37
(631) Northampton, MA	(631BY) Springfield VA Clinic	8					1		7
(631) Northampton, MA	(631GE) Worcester VA Clinic	6	1						5
(632) Northport, NY	(632) Northport VA Medical Center	221	19			4	6	20	172
(632) Northport, NY	(632HD) Patchogue VA Clinic	1							1
(635) Oklahoma City, OK	(635) Oklahoma City VA Medical Center	31	2			3	1	2	23
(636) Central Plains HCS (Omaha NE)	(636) Omaha VA Medical Center	87	25	1			4	5	52

(636) Central Plains HCS (Omaha NE)	(636A4) Grand Island VA Medical Center	11	6						5
(636) Central Plains HCS (Omaha NE)	(636A5) Lincoln VA Clinic	3							3
(636) Central Plains HCS (Omaha NE)	(636A6) Des Moines VA Medical Center	31	12	1		1		4	13
(636) Central Plains HCS (Omaha NE)	(636A8) Iowa City VA Medical Center	15		4				2	9
(636) Central Plains HCS (Omaha NE)	(636GD) Marshalltown VA Clinic	2	1						1
(636) Central Plains HCS (Omaha NE)	(636GF) Quad Cities VA Clinic	6	1						5
(636) Central Plains HCS (Omaha NE)	(636GI) Lane A. Evans VA Community Based Outpatient Clinic	2	1						1
(636) Central Plains HCS (Omaha NE)	(636GJ) Dubuque VA Clinic	1							1
(636) Central Plains HCS (Omaha NE)	(636GS) Ottumwa VA Clinic	1	1						
(636) Central Plains HCS (Omaha NE)	(636GT) Sterling VA Clinic	1							1
(637) Asheville, NC	(637) Charles George Department of Veterans Affairs Medical Center	22	1	7			3	3	8
(637) Asheville, NC	(637GB) Rutherford County VA Clinic	1							1
(640) Palo Alto HCS (Palo Alto CA)	None Identified	2							2
(640) Palo Alto HCS (Palo Alto CA)	(640) Palo Alto VA Medical Center	35	2			3	3	4	23
(640) Palo Alto HCS (Palo Alto CA)	(640A4) Palo Alto VA Medical Center-Livermore	2							2

(640) Palo Alto HCS (Palo Alto CA)	(640GC) Fremont VA Clinic	1							1
(640) Palo Alto HCS (Palo Alto CA)	(640HA) Stockton VA Clinic	1							1
(640) Palo Alto HCS (Palo Alto CA)	(640HB) Modesto VA Clinic	1	1						
(642) Philadelphia, PA	(642) Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	369	53	2		8	10	15	281
(644) Phoenix, AZ	(644) Carl T. Hayden Veterans' Administration Medical Center	58	6	3		1	3	2	43
(644) Phoenix, AZ	(644BY) Southeast VA Clinic	1							1
(644) Phoenix, AZ	(644GA) Northwest VA Clinic	1							1
(644) Phoenix, AZ	(644GH) Phoenix Midtown VA Clinic	1							1
(646) Pittsburgh HCS (Pittsburgh PA)	(646) Pittsburgh VA Medical Center-University Drive	43	5	1		1	1	2	33
(646) Pittsburgh HCS (Pittsburgh PA)	(646A4) H. John Heinz III Department of Veterans Affairs Medical Center	2							2
(648) Portland, OR (CACHE 5.0)	(648) Portland VA Medical Center	24	1	6			1	2	14
(648) Portland, OR (CACHE 5.0)	(648A4) Portland VA Medical Center-Vancouver	1	1						
(649) Northern Arizona HCS (Prescott AZ)	(649) Bob Stump Department of Veterans Affairs Medical Center	11							11
(650) Providence, RI	(650) Providence VA Medical Center	89	7	3			11	3	65
(652) Richmond, VA	(652) Hunter Holmes McGuire Hospital	81	9	1		1	4	5	61

(653) Roseburg HCS (Roseburg OR)	(653) Roseburg VA Medical Center	2							2
(654) Sierra Nevada HCS (Reno NV)	(654) Ioannis A. Lougaris Veterans' Administration Medical Center	20	5	4				2	9
(654) Sierra Nevada HCS (Reno NV)	(654GF) North Reno VA Clinic	1							1
(655) Saginaw, MI	(655) Aleda E. Lutz Department of Veterans Affairs Medical Center	21	5						16
(656) St. Cloud, MN (CACHE 5.0)	(656) St. Cloud VA Medical Center	18	10				1		7
(657) VA Heartland East (Saint Louis MO)	(657) John Cochran Veterans Hospital	108	14			3	5	8	78
(657) VA Heartland East (Saint Louis MO)	(657A0) St. Louis VA Medical Center-Jefferson Barracks	2							2
(657) VA Heartland East (Saint Louis MO)	(657A4) John J. Pershing Veterans' Administration Medical Center	3	1						2
(657) VA Heartland East (Saint Louis MO)	(657A5) Marion VA Medical Center	1	1						
(657) VA Heartland East (Saint Louis MO)	(657GA) St. Clair County VA Clinic	3							3
(657) VA Heartland East (Saint Louis MO)	(657GB) St. Louis County VA Clinic	3							3
(657) VA Heartland East (Saint Louis MO)	(657GX) Washington Avenue VA Clinic	1							1
(657) VA Heartland East (Saint Louis MO)	(657GY) Manchester Avenue VA Clinic	2	1						1
(657) VA Heartland East (Saint Louis MO)	(657QA) Olive Street VA Clinic	3							3
(658) Salem, VA	(658) Salem VA Medical Center	7	1	1					5

(659) Salisbury, NC	(659) W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	75	6	2			9	1	57
(659) Salisbury, NC	(659BY) Kernersville VA Clinic	3	1						2
(659) Salisbury, NC	(659BZ) South Charlotte VA Clinic	2							2
(660) Salt Lake City HCS (Salt Lake City UT)	(660) George E. Wahlen Department of Veterans Affairs Medical Center	28	2			1			25
(662) San Francisco, CA	(662) San Francisco VA Medical Center	20	3	1		1		2	13
(662) San Francisco, CA	(662GA) Santa Rosa VA Clinic	1							1
(662) San Francisco, CA	(662GF) San Francisco VA Clinic	2							2
(663) Puget Sound HCS (Seattle WA) (CACHE 5.0)	(663) Seattle VA Medical Center	82	9	3		3	6	1	60
(663) Puget Sound HCS (Seattle WA) (CACHE 5.0)	(663A4) American Lake VA Medical Center	7	2						5
(663) Puget Sound HCS (Seattle WA) (CACHE 5.0)	(663GA) Bellevue VA Clinic	3	1						2
(663) Puget Sound HCS (Seattle WA) (CACHE 5.0)	(663GC) Mount Vernon VA Clinic	1	1						
(664) San Diego HCS (San Diego CA)	(664) San Diego VA Medical Center	52	8	3		1	1		39
(664) San Diego HCS (San Diego CA)	(664BY) Mission Valley VA Clinic	5	1						4
(664) San Diego HCS (San Diego CA)	(664GB) Oceanside VA Clinic	1							1
(664) San Diego HCS (San Diego CA)	(664GC) Chula Vista VA Clinic	3	2						1
(666) Sheridan, WY	(666) Sheridan VA Medical Center	1							1

(667) Shreveport, LA	(667) Overton Brooks Veterans' Administration Medical Center	75	12			4		9	50
(667) Shreveport, LA	(667GB) Monroe VA Clinic	1							1
(668) Spokane, WA	(668) Mann-Grandstaff Department of Veterans Affairs Medical Center	50	2			28	1	4	15
(671) South Texas HCS (San Antonio TX)	(671) Audie L. Murphy Memorial Veterans' Hospital	58	11	4		4		7	32
(672) San Juan, PR	(672) San Juan VA Medical Center	50		2					48
(673) Tampa, FL	(673) James A. Haley Veterans' Hospital	23	3			6		3	11
(673) Tampa, FL	(673BV) Tampa VA Domiciliary	1				1			
(673) Tampa, FL	(673BZ) New Port Richey VA Clinic	1							1
(674) Central Texas HCS (Temple TX)	(674) Olin E. Teague Veterans' Center	26	5	3			1		17
(674) Central Texas HCS (Temple TX)	(674BY) Austin VA Clinic	6	2						4
(675) Orlando, FL	None Identified	1		1					
(675) Orlando, FL	(675) Orlando VA Medical Center	57	5	1			1	1	49
(675) Orlando, FL	(675GA) Viera VA Clinic	7	1						6
(675) Orlando, FL	(675GD) Deltona VA Clinic	2							2
(675) Orlando, FL	(675GG) Lake Baldwin VA Clinic	4							4
(676) Tomah, WI	(676) Tomah VA Medical Center	3							3
(676) Tomah, WI	(676GD) Wisconsin Rapids VA Clinic	1							1

(678) Southern Arizona HCS (Tucson AZ)	(678) Tucson VA Medical Center	36	2			4	1	5	24
(679) Tuscaloosa, AL	None Identified	1							1
(679) Tuscaloosa, AL	(679) Tuscaloosa VA Medical Center	8	4						4
(679) Tuscaloosa, AL	(679GA) Selma VA Clinic	1							1
(687) Walla Walla, WA	(687) Jonathan M. Wainwright Memorial VA Medical Center	5					1		4
(688) Washington DC	(688) Washington VA Medical Center	299	41	5		17	13	19	204
(689) Connecticut HCS (Westhaven)	(689) West Haven VA Medical Center	179	17	3		15	2	6	136
(689) Connecticut HCS (Westhaven)	(689A4) Newington VA Clinic	87	7				2		78
(689) Connecticut HCS (Westhaven)	(689GA) Waterbury VA Clinic	2							2
(689) Connecticut HCS (Westhaven)	(689GB) Stamford VA Clinic	1							1
(689) Connecticut HCS (Westhaven)	(689GE) Danbury VA Clinic	5							5
(689) Connecticut HCS (Westhaven)	(689HC) John J. McGuirk Department of Veterans Affairs Outpatient Clinic	4							4
(689) Connecticut HCS (Westhaven)	(689QA) Errera VA Clinic	1							1
(691) Greater Los Angeles HCS (Los Angeles CA)	None Identified	22				1		1	20
(691) Greater Los Angeles HCS (Los Angeles CA)	(691) West Los Angeles VA Medical Center	64	6	9	1	2		6	40
(691) Greater Los Angeles HCS (Los Angeles CA)	(691A4) Sepulveda VA Medical Center	1							1
(691) Greater Los Angeles HCS (Los Angeles CA)	(691GE) Los Angeles VA Clinic	1							1

(691) Greater Los Angeles HCS (Los Angeles CA)	(691GK) San Luis Obispo VA Clinic	1							1
(693) Wilkes-Barre, PA	(693) Wilkes-Barre VA Medical Center	67	9				7	1	50
(693) Wilkes-Barre, PA	(693B4) Allentown VA Clinic	1							1
(695) Milwaukee, WI	(695) Clement J. Zablocki Veterans' Administration Medical Center	91	5	11		1		6	68
(740) Texas Valley Coastal Bend HCS (Harlingen TX)	(740) Harlingen VA Clinic	7	3				1		3
(740) Texas Valley Coastal Bend HCS (Harlingen TX)	(740GD) Laredo VA Clinic	1							1
(756) El Paso, TX	(756) El Paso VA Clinic	23	8						15
(756) El Paso, TX	(756QB) El Paso Central VA Clinic	1							1
(757) Columbus, OH	(757) Chalmers P. Wylie Veterans Outpatient Clinic	30	10						20

Employees and Contractors COVID-19 Confirmed Positives

as of 18 May 2020, 1100 ET

Source: Administration / Staff Offices, VHA Health Operations Center

A/SO	Location	Facility	Total	Change
BVA	Washington, DC	VACO	2	
NCA	Riverside, CA	Riverside National Cemetery	1	
OEI	Washington, DC	VACO	2	
OGC	Las Vegas, NV	Pacific District at VAMC	1	
OIG	Los Angeles, CA	OIG	1	
OIG	San Antonio, TX	OIG	1	
OIT	Cincinnati, OH	ITOPS – Cincinnati VAMC	1	
OIT	Chicago, IL	ITOPS-Edward Hines, Jr VAMC	2	
OIT	Columbia, SC	ITOPS-Wm. Jennings VAMC	1	
OIT	Encinitas, CA	SO – Remote Employee	1	
OIT	Gainesville, FL	Malcolm Randall VAMC	1	
OIT	New York City, NY	ITOPS-Bronx (1) ITOPS-Brooklyn (1)	2	
OIT	Tinton Falls, NJ	Tinton Falls BOC – OIS CSOC	1	
OIT	San Diego, CA	San Diego VAMC	1	
OIT	Washington, DC	VACO – OIT/EPMO (1) VACO – OIT/ITRM (1) VACO – AMO (1) VACO – OSS (1) VACO – Contractor (0)	4	-1
OALC	Washington, DC	OALC/VACO Contractor	1	
OM	Washington, DC	VACO – OM	1	
VBA	Atlanta, GA	Atlanta RO	1	
VBA	Buffalo, NY	Buffalo RO	1	
VBA	Cleveland, OH	Cleveland RO	1	
VBA	Columbia, SC	Columbia RO	2	
VBA	Denver, CO	Denver RO	1	
VBA	Detroit, MI	Detroit RO	1	
VBA	Jackson, MI	VBA Central Office*	1	
VBA	New York City, NY	New York RO	3	
VBA	Philadelphia, PA	Philadelphia RO (2)	2	
VBA	St. Louis, MO	St. Louis RO	2	
VEO	Salt Lake City, UT	White House Veterans Line	3	
VEO	Shepherdstown, WV	White House Veterans Line	1	
VHA	Albany, NY	Albany Stratton VAMC	1	
VHA	Alexandria, LA	Alexandria HCS	4	
VHA	Amarillo, TX	Thomas E Creek VAMC	1	
VHA	Ann Arbor, MI	Ann Arbor HCS	2	
VHA	Atlanta, GA	Atlanta HCS	7	
VHA	Augusta, GA	Charlie Norwood VAMC	1	
VHA	Aurora, CO	Rocky Mountain Regional VAMC	8	
VHA	Baltimore, MD	Baltimore VAMC	26	
VHA	Bath, NY	Bath VAMC	2	
VHA	Battle Creek, MI	Battle Creek VAMC	19	

Employees and Contractors COVID-19 Confirmed Positives

as of 18 May 2020, 1100 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Bay Pines, FL	CW Bill Young VAMC	6	
VHA	Bedford, MA	Edith Nourse Rogers Memorial VAMC	14	
VHA	Biloxi, MS	Gulf Coast HCS	5	
VHA	Birmingham, AL	Birmingham VAMC	5	
VHA	Boise, ID	Boise VAMC	4	
VHA	Boston, MA	Jamaica Plain VAMC	28	
VHA	Buffalo, NY	Buffalo VAMC	12	
VHA	Butler, PA	Butler HCS	1	
VHA	Cheyenne, WY	Cheyenne VAMC	1	
VHA	Chicago, IL	Jesse Brown VAMC (14) Capt James A. Lovell VAMC (26) Edward Hines Jr VAMC (10)	50	
VHA	Chillicothe, OH	Chillicothe VAMC	5	
VHA	Cincinnati, OH	Cincinnati VAMC	13	
VHA	Cleveland, OH	Cleveland VAMC	16	
VHA	Coatesville, PA	Coatesville VAMC	7	
VHA	Columbia, SC	Wm. Jennings Bryan Dorn VAMC	2	
VHA	Columbus, OH	Chalmers P. Wylie VA Ambulatory Care Center	2	
VHA	Dallas, TX	Dallas VAMC	58	
VHA	Dayton, OH	Dayton VAMC	1	
VHA	Des Moines, IA	VA Central Iowa Health Care System	5	
VHA	Detroit, MI	John D. Dingell VAMC	7	
VHA	Dublin, GA	Carl Vinson VAMC	4	
VHA	Durham, NC	Durham VA Health Care System	3	
VHA	East Orange, NJ	New Jersey HCS	57	
VHA	Fargo, ND	Fargo VAMC	1	
VHA	Fayetteville, NC	Fayetteville VA Coastal Health Care System	1	
VHA	Fresno, CA	Central California HCS	1	
VHA	Gainesville, FL	Malcom Randall VA Medical Center	7	
VHA	Hampton, VA	Hampton VAMC	9	
VHA	Harlingen, TX	Harlingen VA Clinic	2	
VHA	Houston, TX	Michael E. DeBakey VAMC	3	
VHA	Indianapolis, IN	Richard L. Roudebush VAMC	6	
VHA	Iowa City, IA	Iowa City HCS	2	
VHA	Las Vegas, NV	Southern Nevada HCA	7	
VHA	Lebanon, PA	Lebanon VAMC	4	
VHA	Lexington, KY	Lexington VAMC - Franklin R. Sousley Campus	1	
VHA	Little Rock, AR	Central Arkansas Health Care System	16	
VHA	Loma Linda, CA	Loma Linda HCS	9	
VHA	Long Beach, CA	Long Beach HCS	2	

Employees and Contractors COVID-19 Confirmed Positives

as of 18 May 2020, 1100 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Los Angeles, CA	Greater Los Angeles Health Care System	3	
VHA	Louisville, KY	Robley Rex VAMC	2	
VHA	Madison, WI	William S. Middleton VAMC	6	
VHA	Martinsburg, WV	Martinsburg VAMC	9	
VHA	Memphis, TN	Memphis VAMC	1	
VHA	Miami, FL	Miami VA HCS	12	
VHA	Milwaukee, WI	Milwaukee VAMC	7	
VHA	Minneapolis, MN	Minneapolis HCS	5	
VHA	Montgomery, AL	Central Alabama Veterans Health Care System (CAVHCS)- West Campus	5	
VHA	Montrose, NY	Hudson Valley HCS	17	
VHA	Nashville, TN	Tennessee Valley HCS	5	
VHA	New Orleans, LA	New Orleans VAMC	186	
VHA	New York City, NY	James J. Peters VAMC (102)(+1) NY Harbor HCS – Manhattan Campus (134)(+1) Northport VAMC (26)(+1)	262	
VHA	Northampton, MA	Central Western Massachusetts HCS	2	
VHA	Oklahoma City, OK	Oklahoma City HCS	9	
VHA	Omaha, NE	Nebraska Iowa HCS	11	
VHA	Orlando, FL	Orlando VA HCS	2	
VHA	Palo Alto, CA	Palo Alto VAMC	6	
VHA	Philadelphia, PA	Corporal Michael J. Crescenz VAMC	20	
VHA	Phoenix, AZ	Phoenix Health Care System	5	
VHA	Pittsburgh, PA	Pittsburgh VA Medical Center-University Drive	7	
VHA	Portland, OR	Portland VAMC	25	
VHA	Prescott, AZ	Northern Arizona VA Health Care System	3	
VHA	Reno, NV	VA Sierra Nevada Health Care System	20	
VHA	Richmond, VA	Hunter Holmes McGuire VAMC	5	
VHA	Roseburg, OR	Roseburg Health Care System	1	
VHA	Salem, VA	Salem VAMC	1	
VHA	Salisbury, NC	W. G. (Bill) Hefner VA Medical Center	3	
VHA	Salt Lake City, UT	George E. Wahlen VAMC	1	
VHA	San Antonio, TX	Audie L. Murphy VAMC	14	
VHA	San Diego, CA	San Diego VAMC	2	
VHA	San Francisco, CA	San Francisco Health Care System	6	
VHA	San Juan, PR	San Juan VAMC	12	
VHA	Seattle, WA	Puget Sound Health Care System	10	
VHA	Shreveport, LA	Overton Brooks VA Medical Center	22	
VHA	Sioux Falls, SD	Royal C. Johnson Veterans Memorial Hospital	1	

Employees and Contractors COVID-19 Confirmed Positives

as of 18 May 2020, 1100 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	St. Cloud, MN	St. Cloud VAMC	3	
VHA	St. Louis, MO	St Louis HCS	9	
VHA	Syracuse, NY	Syracuse VAMC	12	
VHA	Tampa, FL	Tampa VAMC	1	
VHA	Temple, TX	Olin E. Teague VAMC	4	
VHA	Topeka, KS	Eastern Kansas Health Care System	2	
VHA	Tuscaloosa, AL	Tuscaloosa VAMC	1	
VHA	Washington, DC	Washington DC VAMC	50	
VHA	West Haven, CT	West Haven VAMC	3	
VHA	West Palm Beach, FL	West Palm Beach VA Medical Center	5	
VHA	Wilkes-Barre, PA	Wilkes-Barre VAMC	2	
VHA	Wilmington, DE	Wilmington VAMC	6	
		Total:	**1297**	**-1**

Red numbers indicate recovered or released and return to duty.

* Geographically separated employees
  VBA Employees assigned to VBA Central Office.
  HRA Employee works for HRA/ORM but lives in Salt Lake City, UT

From: (b)(6)
Sent: Tue, 26 May 2020 11:32:59 +0000
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Trump: (1) injecting ~$3T liquidity into US Economy; (2) slashing regulations; (3) must get ~36M Unemployed back to work. USD(R&E) Griffin: (1) must have "proliferated-LEO" for hypersonic-detection; (2) Congress must act on FCC Ligado license.

Secretary Wilkie:

McAleese AND ASSOCIATES

Thank you to the heroes, that sacrificed all, to keep us free. Freedom is not free.

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1. Trump Cabinet Meeting: Must inject ~$3T into US Economy; must cut regulations; must get ~36M unemployed back to work. (White House, May 19, 2020):

a. Signed Executive Order, allowing agencies to waive all regulations that impede US economic recovery, (to soak up ~36M unemployed Americans). [Praised Acting OMB Director Russ Vought for regulation-cutting. DoT is slashing all approval processes, to jump-start "shovel-ready" construction. Singled-out EPA, VA, and DHS to "go-to-town" on cutting regulations.

b. VP Pence: ~12M tests done to date. **US COVID-19 cases are finally going down,** (rather than simply going up, as testing increases). **Targeting ~40M-50M/month testing by ~September.**

c. Sec. Mnuchin: Over ~$3T is being injected into US Economy: (a) $513B "Paycheck-Protection-Program" for 4.3M small businesses, (saving ~50M employee jobs), (~$118K average loan size); (b) ~$2.5T for nine approved Federal Reserve broad-based lending facilities, ("main street lending facility" for small & medium companies); (c) ~$239B of direct-economic-payments to ~141M Americans, (~114M direct-deposit; ~27M additional checks; plus new debit cards).

d. Sec. Azar: Projecting ~-65K US deaths from suicide & drug overdoses, during stay-at-home orders. Child maltreatment cases are plummeting, because teachers cannot detect & report abuses. Mammograms are down -87%. Colonoscopies are down ~90%. Projecting ~300K additional new undetected cases of cancer.

e. Acting DHS Sec. Chad Wolf: ~17K April 2020 illegal-immigrant-crossings, versus ~120K illegal-immigrant-crossings in April 2019.

f. DoD, (Sec. Esper was present), will be delivering therapeutics & vaccines as soon as they are ready. [Trump was particularly-proud of military doctors & nurses treating COVID-19 infected; building hospitals; and deployment of National Guard]

g. Trump is taking chloroquine as a precautionary-prophylactic, (existing drug, prescribed by White House doctor, for FDA-approved "off-label purposes"). **All Americans should follow their own doctor's orders.**

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2. USD(R&E) Dr. Mike Griffin, (Washington Space Business Council, May 20, 2020): Must have proliferated-LEO, to defend against Chinese hypersonic missiles. DARPA "TBG" & "HAWC" prototyping are high-priorities. Standard commercial LEO spacecraft buses will not likely meet DoD's unique survivability-requirements, (because DoD systems must work at all times in combat). Use low-cost, high-volume, commercial manufacturing methods, to produce dedicated DoD LEO spacecraft on fast-paced production lines.

Congress must act on ground-based FCC Ligado license, because it is now a ground-based GPS jammer, (no problem when it was previously a space-based transmission architecture).

Massive Deficit & National Debt from COVID-19 crisis, will likely-create 2022 budget pressure across the entire federal government.

New JADC2 is "desperately-needed" to communicate among US Forces & Allies.

DoD is still investing in laser-scaling, but had growing 2020-2021 budget challenges. [DoD must be rigorous in its requirements for specific-lethality against specific-targets; assessment of operational utility; and final lethality, prior to fielding] [Skeptical of immediate airborne-laser-defense, for tactical airborne missile defense. But space-based directed energy, could be quite effective in future missile defense architecture]

a. Space Development Agency must field a proliferated-LEO tracking-layer, to detect & close the kill-chain, against Chinese DF-21 & DF-26 "carrier-killers", plus new DF-17 hypersonic-glide-vehicle.

b. Both DARPA Tactical Boost Glide & Hypersonic Air-breathing Weapon Concept are "going well". Dr. Griffin is "intensely-interested" in both of them. TGB schedule is currently "running a bit late". Dr. Griffin & DepUSD Lisa Porter have a TBG "program review coming up".

c. FCC Ligado ground-based transmission is OSD CIO, Dana Deasy, official lead; with USD(R&E) supporting in a technical role. Space-based GPS signals are very weak, grouped in the satellite communications frequency band. DoD had no problem with Ligado's initial space-based transmission architecture. **But new ground-based Ligado architecture, is effectively a ground-based GPS jammer. FCC is an independent entity, reporting to Congress. Congress needs to act.**

d. Proliferated-LEO smallsats, must be cheaper. Bluntly-speaking, spacecraft are generally-costed by the pound-to-orbit. LEO smallsats do not need exquisite sensors or transmitters, that drive cost up. DoD wants multiple vendors. Competitions will be open to all companies who have the best ideas, big & small.

e. Space Advisory Committee, directed by DSD Norquist, under the Defense Innovation Board, is being populated with "SGE" expert-members now. Dr. Griffin wants advisors who will really tell him what they truly-think, (not what they think he wants to hear).

f. US is spending trillions-of-dollars to protect the American people, during COVID-19 pandemic This will likely create 2022 budget pressure, across the entire federal government. But it is too early to anticipate specific-impacts yet.

g. USAF ABMS program belongs to USAF. But new JADC2 is "desperately-needed" to communicate among US Forces & Allies. DoD is working on three layers of: (a) common software-radios; (b) network

layer, (Navy is highly-visible); and (c) applications layer, (USAF is heavily-invested). DoD is "all-in" on JADC2.

h. DARPA Blackjack is a cutting-edge experiment, which will likely feed into formal SDA programs. Network needs to be state of the art. **Standard commercial spacecraft buses will not likely meet DoD's unique survivability-requirements, (because DoD systems must work at all times in combat). Use low-cost, high-volume, commercial manufacturing methods, to produce dedicated DoD LEO spacecraft on fast-paced production line.**

i. DoD is still investing in laser-scaling, but had to "cut back", because of growing 2020-2021 budget challenges. Not giving up on directed energy. **DoD must be rigorous in its requirements for specific-lethality against specific-targets; assessment of operational utility; and final lethality, prior to fielding.**

- **Skeptical that aircraft-mounted lasers can shoot down salvoes of airborne-missiles in the immediate future,** (because of power requirements & atmospheric-turbulence).
- But future space-based directed energy could be quite effective, in a next-generation missile defense architecture.

j. Spacecraft & launch vehicle supply chain vulnerability, and injecting liquidity during COVID-19 crisis, is conducted by USD(A&S) Ellen Lord, plus USAF SAE Dr. Will Roper; Army SAE Dr. Bruce Jette; and Navy SAE Hondo Geurts, who have both funding & contract authority. [USD(R&E) would consult on a technical basis with them]

k. Not aware of any immediate re-usable hypersonic weapon programs. ["Fly-back first-stage could be efficient, but that is not where DoD is going right now"] **Immediate priority is to field clear expendable-hypersonic-lethality, in sufficient numbers, to deter China & Russia.**

From: (b)(6)
Sent: Wed, 27 May 2020 11:15:00 +0000
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL] Trump: (1) COVID-19 infection/hospitalization/death-rates are falling; (2) telegraphing likely Afghanistan withdrawal; (3) disbursing $2.2T CARES Act funding during state visits; (4) China sanctions likely over Hong Kong; (5) GDP projections.

Secretary Wilkie:

McAleese AND ASSOCIATES

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1. Trump reduction of insulin costs for Medicare senior-citizens, (to ~$35/month). (Rose Garden, May 26, 2020):

a. VP Pence: ~98K US deaths to date. [NJ is now testing at ~5% positive-test-rate; down from previous ~40% positive-test-rate] All states have met federal recommendation, to test at least ~2% of population. US is now testing ~4%/month of overall US population. **Infection-rates are down; new hospitalization-rates are down; daily mortality-rates are down.** [~505 Americans still died of COVID-19 on Memorial Day. But generally-consistent with early March-levels, before logarithmic-spike triggered White House "Stop-the-Spread" National Emergency Declaration]

b. Trump wants to be out of Afghanistan, hopefully before November Election. Trump denied rumor of Thanksgiving Day withdrawal-deadline. Afghanistan is down to ~8K US Troops, (excluding NATO Troops). New compromise between two Afghan Presidential candidates. [**Trump:** "I have no target [date], but as soon as reasonable...We're down to seven-thousand-some-odd Soldiers right now [in Afghanistan], and in Iraq we are down to four-thousand Soldiers...I spoke to President Erdogan yesterday of Turkey...The border has been fine without us...We kept the oil, but at some point, we will take care of the Kurds, with respect to the oil, and get out..."]

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2. Trump announces that church worship "is an essential part of life", (1st Amendment right), and that he will re-open churches, if the governors do not re-open them. (White House, May 22, 2020):

a. Dr. Birx: New COVID-19 hospitalizations have fallen by at least ~-50% over the past month. Total infected-cases are now also falling:

- **~42 states have less than 10% positive-test-rates.** [NY was at ~40% before; but is now down to ~10% positive-test-rate] **Highest-testing-states are now MD (Baltimore); DC; VA; NE; IL (Chicago); MN (Minneapolis), (all currently-under 20% positive-test-rates).** NYC; Boston; Providence; Detroit; Atlanta; and Miami have now "fallen to very low levels". **Total positive-tests; total hospitalizations; and total daily-deaths, are now falling,** (except in specific locations, such as DC).

- Now targeting surveillance-testing for asymptomatic-infected. **Latest CDC data shows ~35% asymptomatic-infected,** (primarily youngest-adults). **US/state/local have ~50K contact-tracer personnel deployed right now.**

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3. Trump meeting with African-American Leaders in Michigan, (Ford plant, C-SPAN, May 21, 2020), (inspected Ford ventilator production, producing ~6K ventilators/week; ~32K to date), (~12K/week surge capacity). [Jared Kushner; HUD Sec. Ben Carson; Scott Turner]:

a. Targeting ~$12B of HUD funding to MI, (under $2.2T CARES Act). Must get people back to work now. [Maintain social-distancing; wear masks where social-distancing is not possible] Promising additional aid for African-Americans, to fight "co-morbidity-triggers" of diabetes, hypertension, and asthma. [Reports suggest ~40% of deaths are African-Americans]

- **Senate-candidate John James (R-MI)** is openly-seeking production-expansion in MI, from: (i) F-35; (ii) Army TACOM.
- **Rep. Karen Whitsett (D-MI),** (chloroquine therapeutic testimonial), is openly-seeking new HBCU to be located in Detroit, (Trump was quite receptive).
- **Dr. Audrey Gregory, Detroit Medical Center Administrator:** ["I was at home...the phone rang, and it was Admiral John 'P'...I am calling on behalf of the Administration...What do you need?"] [RADM John Polowczyk of Coronavirus Task Force, (JCS J-4)]

b. Trump will be announcing "made-in-USA" plan for all PPE, key drugs, and medical equipment.

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4. Trump departing on Marine One helicopter, (White House lawn, May 21, 2020): Just met with Senate Majority Leader, Mitch McConnell, on "Fourth Stimulus". US Economy transition period will be ~June-July. Rushing Army Corps of Engineers & FEMA to MI, after emergency flooding.

a. Pulling-out of Open Skies Treaty, (aerial ISR & "nuclear-sniffing"), because of Russian non-compliance. Expects to re-incorporate aerial-inspection into upcoming US/Russia "arms-treaty", (follow-on to New START). **[Inference of some Trump/Putin "arms-control" discussions, during recent Trump discussions with Putin on Saudi/Russia OPEC oil-production compromise]** [No insight into how US will engage China, (in potential US/Russia/China arms-control agreement), given recent COVID-19; South China Sea; and Hong Kong provocations]

b. $1.2B COVID-19 vaccine contract to AstraZeneca, (for ~400M emergency doses of vaccine), will be followed by other vaccine contract(s), presumably to Johnson & Johnson.

c. G-7 Summit will likely-occur at White House, (with portion at Camp David).

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5. White House is adopting updated CBO GDP growth estimates of: (a) "rough pandemic contraction" in 2Q; (b) ~+21% GDP growth in 3Q; (c) ~+10% GDP growth in 4Q; and (d) ~+4.2% GDP growth in 2021. (Dir. Nat. Econ. Council, Larry Kudlow, White House, May 20, 2020).

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6. National Security Advisor, Robert O'Brien, (NBC "Meet the Press", May 24, 2020): China promised UK in 1984, (Sino-British Declaration), to support "one country/two systems" Hong Kong autonomy through

2047. Under 1992 Hong Kong Policy Act & 2019 Hong Kong Human Rights & Democracy Act, Sec. Pompeo "would likely be unable to certify that Hong Kong maintains a high-degree of autonomy", triggering US sanctions. [**Amb. O'Brien**: "It is hard to see how Hong Kong could remain the Asian financial-center...if China takes over..."] Loss of: rule of law; free market; capitalism; democracy/local elections; and "brain-drain" from citizen-flight.

a. Trump holds China responsible for closing its borders internally, while allowing flight of infected-people from Wuhan, to both US & Europe.

- **Amb. O'Brien**: "We are dealing in a new world...They unleashed a virus...that has destroyed trillions-of-dollars in American economic wealth...We are in a different place with China, as we speak today..."

b. US must re-open Economy safely, (with social-distancing & masks), **because China will vault into world's largest-economy & super-power, if US Economy falters.**

[Coverage of Sec. Esper & Service Leadership will be coming shortly]

From: (b)(6)
Sent: Wed, 20 May 2020 19:37:04 +0000
To: (b)(6) ;Stone, Richard A., MD;Lawrence, Paul R., VBAVACO;Rychalski, Jon J.;Duke, Laura (b)(6) VBAVACO;(b)(6) R.;Murray, Edward (b)(6) ;Tucker, Brooks;Syrek, Christopher D. (Chris);Powers, Pamela;Haverstock, Cathy;Johnson, Glenn (b)(6) (b)(6)
Cc: (b)(6) VBAVACO;(b)(6) VBAVACO;(b)(6) VBAVACO;(b)(6) , VBAVACO;Hudson, William A. (OGC);VBACO_20 Exec Review
Subject: Canceled: SECVA Budget Hearing Prep: SVAC June 3rd hearing
Attachments: SVAC VA Budget Hearing invitation June 3.pdf, SVAC - Wilkie - FY 2021 Budget Testimony - 6.3.2020 draft.docx, SVAC - Wilkie - FY 2021 Budget Testimony 6.3.20 changes from HAC .docx, Hearing Bingo Chart budget 2021.docx, HAC Bingo Chart COVID.docx
Importance: High

All: this prep is cancelled per OSVA request. We will extend Monday and Wednesday prep next week.

Attaching current draft testimony (clean and with changes from the last budget hearing on March 4) and bingo chart for prep

United States Senate

COMMITTEE ON VETERANS' AFFAIRS
WASHINGTON, DC 20510

May 14, 2020

The Honorable Robert L. Wilkie
Secretary of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Mr. Secretary:

I write to invite you to testify at a hearing before the Committee on Veterans' Affairs on June 3, 2020, at 3:00 p.m. in room 106 of the Dirksen Senate Office Building. The purpose of this hearing is to review the President's fiscal year 2021 budget for the Department of Veterans Affairs, including the fiscal year 2022 Advance Appropriations request. We will also discuss the supplemental appropriation for fiscal year 2020 provided in the CARES Act.

In order to leave sufficient time for follow-up questions and discussion, I ask that your oral statement be limited to no more than five minutes. Your written statement will be printed in full in the record of the hearing. Guidance on submitting testimony and a description of Committee practices can be found in the enclosed witness information sheet.

I look forward to receiving your testimony. If you or your staff have any questions or would like additional information, please contact (b)(6) of the Committee Staff at (b)(6)@vetaff.senate.gov.

Sincerely,

Jerry Moran

Jerry Moran
Chairman

Enclosure
cc: The Honorable Jon Tester

STATEMENT OF
THE HONORABLE ROBERT L. WILKIE
SECRETARY OF VETERANS AFFAIRS
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
BUDGET REQUEST FOR FISCAL YEAR 2021

JUNE 3, 2020

Good afternoon, Chairman Moran, Senator Tester, and distinguished Members of the Committee. Thank you for the opportunity to testify today in support of the President's Fiscal Year (FY) 2021 Budget for the Department of Veterans Affairs (VA), including the FY 2022 Advance Appropriation (AA) request. I am accompanied today by Dr. Richard Stone, Executive in Charge, Veterans Health Administration (VHA); Dr. Paul Lawrence, Under Secretary for Benefits, Veterans Benefits Administration (VBA); and Jon Rychalski, Assistant Secretary for Office of Management and Chief Financial Officer.

I begin by thanking Congress and this Subcommittee for your continued strong support and shared commitment to our Nation's Veterans, especially during this extraordinary response to the Coronavirus pandemic. From the start VA took an aggressive posture to protect our patients from COVID-19, and our staff has worked tirelessly to carry it out, with great success. We have diagnosed more than 11,300 Veterans with the virus, but 76 of them are 14 days past their last positive test and recovering at home. We're treating about 1,500 patients for the virus today. I am proud to report that we are well-stocked with supplies, with two weeks' worth of N95 masks and gloves, gowns and other supplies at the ready. We do not have any major staffing problems to report and, in fact, our attendance has been better this year than over the same period last year, a sign of a very dedicated workforce. Overall, our infection rate is incredibly low, less than one half of one percent. To add support, we have greatly expedited the hiring process and brought on more than 10,000 medical staff in an effort to stay ahead of the problem.

I want to thank the Congress for the $19.6 billion in supplemental funding provided in the Coronavirus Aid, Relief, and Economic Security (CARES Act) to address this crisis. This funding has provided us with the means to protect Veterans, including those most vulnerable, our employees, and our citizens during this historic crisis. This includes $17.2 billion for VHA, where money is being used to hire new staff and make sure existing personnel have the resources they need to deal with the evolving needs of the pandemic. The funding has also been used to add beds, provide overtime pay and purchase needed supplies such as ventilators, pharmaceuticals and personal protective equipment

Returning to the subject of today's hearing, with the funding provided by Congress, VHA provides high quality health care services to 9.3 million enrolled Veterans; VBA provides educational benefits for over 900,000 beneficiaries and guaranteed over 624,000 home loans; and our National Cemetery Administration (NCA) will inter an estimated 137,600 Veterans and care for over 4 million gravesites in our 156 sacred National Cemeteries. We are on the other end of the national security continuum, as we take care of those who have already borne the battle, and I continue to believe this is one of the noblest missions in government.

Progress

Solid progress on some of the most transformational initiatives in VA's history has taken place in the last 18 months, with the result being a string of wins that puts Veterans front and center where they belong.

One of our most notable accomplishments is the near-flawless implementation of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 signed into law by President Trump in 2018, giving Veterans real choice over their health care decisions. Emboldened by predictions of an imminent VA system collapse, we effectively rolled out this landmark legislation with no disruption to Veteran care. Less than 5 months after the rollout of the VA MISSION Act's community care provisions, VA had made more than 2.2 million referrals to community care. In addition, we implemented a new urgent care benefit and more than 90,000 urgent care visits had been completed in the same timeframe, and it is only becoming more popular with Veterans. In October 2019, eligible Veterans conducted more than 5,000 urgent care visits each week, thanks to the 6,400 local urgent care providers that have contracted to provide this benefit for VA.

Success with the VA MISSION Act had tremendously positive second and third order effects. Because Veterans like what they see, VA is delivering more care overall than ever before. In FY 2019, VA completed more than 59.9 million internal episodes of care – a record high and about 1.7 million more than the year before. Even better, Veterans' overall trust in VA now sits at 80 percent, as compared to 55 percent in 2016. Statistics show:

- Eighty-nine percent of Veterans now trust the VA health care they receive;
- In a recent Veterans of Foreign Wars survey, nearly three quarters of respondents reported improvements at their local VA; and
- More than 90 percent said they would recommend VA care to other Veterans.

We expanded other venues of care for Veterans as well. VA is a leader in using telehealth technology to diagnose and treat Veterans remotely, by connecting Veterans with health care providers electronically, sometimes in their own homes. In FY 2019, VA exceeded 2.6 million telehealth episodes of care to more than 900,000 Veterans. To increase access to telehealth services, VA has established multiple innovative agreements for 'Anywhere to Anywhere' connected care programs with Walmart,

Philips, T-Mobile, Sprint, TracPhone SafeLink, and Verizon. These partnerships give Veterans who may need help with Internet service more options to connect with VA health care providers through video telehealth.

We have also tackled some of our most pressing social issues: opioid use disorder (OUD), homelessness, and a regrettable scourge on our society: suicide.

President Trump's 2018 Initiative to Stop Opioids Abuse and Reduce Drug Supply and Demand directly contributed to a 19 percent reduction in the number of patients receiving opioids nationwide. Overall, since the President took office, there has been a 35 percent decline in Veterans being dispensed an opioid from a VA pharmacy.

VA has achieved impressive results in fighting Veteran homelessness by working with local governments, companies, and other stakeholders. In FY 2018, the total number of Veterans experiencing homelessness decreased 5.4 percent, and in 2019, that number dropped another 2.1 percent. As of February 2020, VA has served over 200,000 Veterans and their families by housing them or preventing them from becoming homeless. Thanks to these partnerships, we've seen 78 communities and 3 states effectively end Veteran homelessness.

The success of these partnerships suggests it's a good way to reduce Veteran suicide, and so VA adopted a public-health approach to suicide prevention, which focuses on equipping communities to help Veterans connect with local support and resources. The public-health approach is central to VA's first ever National Strategy for Preventing Veteran Suicide, which was published in 2018, as well as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) Executive Order (EO) 13861. PREVENTS aims to bring together stakeholders across all levels of government and the private sector to address the national suicide epidemic and provide our Veterans with the specific mental health and suicide prevention services they deserve.

Our recent successes reveal the magnitude of change occurring at VA. But it is only part of the story because we have even more fundamental changes to how VA operates on the cusp of deployment. VA is on the verge of delivering the Centralized Scheduling Solution (CSS) at Chalmers P. Wylie VA Ambulatory Care Center in Columbus, Ohio and VA's new electronic health record (EHR) solution at Mann-Grandstaff VA Medical Center (VAMC) in Spokane, WA, followed by VA Puget Sound Health Care System (HCS) in Seattle and American Lake, WA. Congress has made it clear, and I have always maintained, that we not rush to implement a new EHR at the sacrifice of the quality patient care we promised and are committed to delivering to our Veterans and other beneficiaries. To prioritize the health and safety of our Veterans and front-line staff, OEHRM is responding to changing conditions at VA facilities and changing priorities for the Department. OEHRM is working to be as non-intrusive as possible to ensure that facility staff are equipped to respond to increased patient demand and staffing requests. In light of these rapidly evolving events tied to the spread of the pandemic, programmatic and budgetary impacts are being assessed.

After implementation at our initial sites, the new EHR will be delivered to over 1,200 VA hospitals and clinics through a phased deployment strategy. Concurrent with the deployment of our new EHR modernization is the installation of a new medical logistics system, the Department of Defense's (DoD) Defense Medical Logistics Standard Support (DMLSS) system. We are also deploying our new accounting and acquisition system, the integrated Financial and Acquisition Management System, to NCA with full implementation across VA following in the coming months and years.

The magnitude of change has been so great, and the pace so quick, that VA must carefully assess our resource needs to ensure we can adequately sustain what we have accomplished while continuing to make investments in key areas that promise the greatest return for our dollars. It is against that backdrop that our FY 2021 Budget was developed, with emphasis on sustaining the ground we have gained.

Fiscal Year 2021 Budget Request

The President's FY 2021 Budget requests $243.3 billion for VA — $109.5 billion in discretionary funding (including medical care collections). The discretionary request is an increase of $12.9 billion, or 14.1 percent, over the enacted FY 2020 appropriation. It would sustain the progress we have made; provide additional resources to improve patient access and timeliness of medical care services for the approximately 9 million Veterans enrolled for VA health care; and improve benefits delivery for our Veterans and their beneficiaries. The President's FY 2021 Budget also requests $133.8 billion in mandatory funding, $9.1 billion or 7.2 percent above 2020.

For the FY 2022 AA, the budget requests $98.9 billion in discretionary funding including medical care collections for Medical Care and $145.3 billion in mandatory advance appropriations for VBA's benefits programs: Compensation and Pensions; Readjustment Benefits; and Veterans Insurance and Indemnities.

For Medical Care, VA is requesting $94.5 billion (including $4.5 billion in medical care collections) in FY 2021, a 13 percent increase over the 2020 level (including the $615 million transfer from the Veterans Choice Fund), and a $2.3 billion increase over the 2021 AA. This excludes CARES Act funding. The request fully supports sustainment of the provisions included in VA MISSION Act, including the streamlining and enhancement of community care services, an urgent care benefit, expansion of our caregiver support program, and other authorities and programs that will improve VA's ability to provide high-quality, timely, Veteran-centric care in line with Veterans' preferences and clinical needs.

This is the largest budget request in VA history, allowing VA to sustain our remarkable progress, continue the upward trajectory of modernizing our systems, and be a center of innovation, providing options to Veterans when it comes to their own care. I urge Congress to support and fully fund our FY 2021 and FY 2022 AA budget requests.

Next, I will highlight progress we have made, as well as planned activities, in health care, benefits, business transformation, infrastructure, and cemetery operations among others and how the resources we are requesting will contribute to our continued success.

Health Care

VA Medical Centers

In January 2019, VHA began an initiative to optimize clinic practice management and improve access to care through the Improving Capacity, Efficiency, and Productivity initiative. The goal of the initiative was to leverage existing resources and increase internal capacity to maximize the care we provide inside VA with the enhanced eligibility for community care under the VA MISSION Act. The project consisted of a 3-phased approach: Phase 1 focused on improving data accuracy (of labor mapping, bookable time, Primary Care Management Model, stop codes, and person class) through a combination of organization-wide webinars and one-on-one support via virtual site visits; Phase 2 centered on implementation of tailored strong practice solutions (based on process measure data) to help medical centers maximize capacity using existing resources; and Phase 3 encouraged VAMCs to leverage innovative methods of care, such as clinical resource hubs, clinical contact centers, e-consults, and telehealth services.

Through this effort, the number of VAMCs that met the VA MISSION Act average wait time standard of less than or equal to 20 days jumped from 47 percent to 65 percent. To replicate this success, we adopted these same practices at an additional 30 VAMCs. As of February 2020, the initiative entered the monitor and sustainment phase as VHA continues to ensure access enhancements.

Over the last several years, we have also increased provider staffing levels significantly. In FY 2019, prior to the hiring surge in response to the Coronavirus pandemic, we increased physician staffing levels by 1.5 percent; Nurse Practitioners by 4.9 percent; and Physician Assistants by 3.9 percent. We also increased clinic support staff for providers and delivered an additional 2.8 million total clinical episodes of care in FY 2019. In FY 2019, physician workload increased by 2 percent with over 72 million physician encounters. Clinical workload of physicians, measured in a common relative value unit scale that considers the time and intensity of the service, increased by 4 percent. Provider productivity remained relatively constant.

Community Care Network

We continue our successful deployment of the Community Care Network contracts, which use third party administrators (Optum Public Sector Solutions in Regions 1, 2, and 3; TriWest Healthcare Alliance in Region 4; contracts for Regions 5 and 6 are still in progress) to provide a credentialed network of providers for community

care. Regions 1 and 2 are fully deployed; Regions 3 is in progress; and Region 4 deployment will begin later this month. Our robust network of over 880,000 providers across the United States gives us exceptional flexibility in meeting Veterans' health care needs no matter where they reside. Realizing that we needed to do a better job of paying claims from community providers, our contracts require administrators to process and pay claims from the community providers based on the more stringent timelines included in the VA MISSION Act. The FY 2021 Budget requests $18.5 billion for Community Care, an increase of 21 percent over the FY 2020 funding level. These resources will allow us to provide real choice to our Veterans, and we estimate we will have 33 million visits to community care providers in FY 2021, an increase of 3.9 percent over FY 2020.

Caregiver Support Program

As we implement the VA MISSION Act, we are expanding our caregiver program to family caregivers of eligible Veterans from all eras. Under the law, expansion will begin when VA certifies to Congress that VA has fully implemented a required information technology (IT) system. The expansion will occur in two phases beginning with eligible family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975, with further expansion beginning two years after that. The 2021 Budget request for the Caregivers Support Program (CSP) is $1.2 billion, $650 million of which is specifically to implement the program's expansion. In October 2019, VA successfully launched a replacement IT solution, known as the Caregiver Record Management Application (CARMA), to support the program. Our efforts in FY 2020 are focused on automating stipend payments and improving existing functionality. Over the course of the next year, we will implement interprofessional Centralized Eligibility and Appeals Teams. This is intended to improve consistency in Program of Comprehensive Assistance for Family Caregivers (PCAFC) eligibility determinations across the enterprise. Led by physicians, these teams will assist with evaluating PCAFC eligibility, tier changes, revocations, and appeals. To ensure smooth operations following PCAFC expansion, VA is working aggressively to recruit, hire and train new team members. These interprofessional teams will be phased in over the course of the next several months and VA anticipates them being fully mission capable in fall 2020.

Some additional key initiatives include the hiring of a program Lead Coordinator at every Veterans Integrated Service Network (VISN) to standardize care and services. We also implemented the Annie Text system to alleviate caregiver stress and burden through supportive text and developed a toolkit for caregivers that educates and provides resources for caregivers on how to recognize and respond to suicide warning signs. CSP continues to develop, implement, and refine services including peer support, caregiver self-care, and dementia care as well as modernizing processes, programming, and staffing to better serve our Nation's Veterans and their caregivers. As of February 2020, over 350 new staff have been added to the program with the goal of hiring approximately 680 more staff in FY 2020. To continue to support the

expansion for this program under the VA MISSION Act, ongoing workload modeling will be assessed, and additional staff may be required.

Suicide Prevention and Treatment

On March 5, 2019, President Trump signed the *National Roadmap to Empower Veterans and End Suicide* (EO 13861), also known as PREVENTS. This created a Veteran Wellness, Empowerment, and Suicide Prevention Task Force that is tasked with developing, within 1 year, a road map to empower Veterans to pursue an improved quality of life, prevent suicide, prioritize related research activities, and strengthen collaboration across the public and private sectors. This is an all-hands-on-deck approach to empower Veteran well-being with the goal of ending Veteran suicide. The road map is on track to be delivered to the White House in the coming weeks. The PREVENTS Office will then work with government agencies on the Task Force, private-sector entities, and State and local communities to implement the recommendations. The FY 2019 Suicide Prevention and Treatment budget was fully executed as planned, supporting the Veterans Crisis Line as well as other critical clinical and community suicide prevention efforts. The FY 2021 Budget requests $10.2 billion for mental health services, a $683 million increase over FY 2020. The Budget specifically would invest $313 million for suicide prevention programming, a $76 million increase over the FY 2020 enacted level. The request would fund over 19.7 million mental health outpatient visits in a mental health setting, an increase of nearly 272,000 visits over the FY 2020 estimate. This builds on VA's current efforts. Since June 2017, VHA has hired 6,047 mental health providers, which is a net increase of 1,754 providers serving our Veterans. Suicide is a national public health issue that affects all Americans. Suicide prevention is my top clinical priority and we are actively implementing a comprehensive public health approach to reach all Veterans — including those who do not receive VA benefits or health services.

Opioid Safety & Reduction Efforts and Treatment of Opioid Use Disorder

The FY 2021 Budget includes $504 million, a $79.1 million increase over FY 2020, to address treatment of OUD and opioid safety and reduction efforts, including specific funding related to programs supported through the Comprehensive Addiction and Recovery Act (CARA) of 2016, Public Law 114-198. Funding for CARA programs is included in the FY 2021 Budget at the level of $121 million, a $64.6 million requested increase over advanced appropriation previously approved for FY 2021 to specifically address over-reliance on opioid analgesics for pain management, improve access to treatment for OUD, and to provide safe and effective use of opioid therapy when clinically indicated. This CARA budget would provide support for deployment of evidence-based practices, toolkits, and research to enhance and expand patient-centered, safe, and effective pain care. This will be accomplished through several efforts including: developing and implementing a national program for Opioid Stewardship that will enhance the continued expansion and implementation of the Opioid Safety Initiative; providing funding for fully staffing and supporting CARA-required Pain Management Teams with hiring, toolkits, training and expert guidance; and providing increased access to interdisciplinary pain management through multiple modalities including but not limited to: increased field staffing for pain management teams at facilities; greatly expanded access to telehealth for pain management; and treatment of OUD so that we can reach all Veterans under our care. Another particularly important risk mitigation strategy for opioids, and for all controlled substance, is access to State Prescription Drug Monitoring Programs (PDMP), which allow for safer prescribing. VA is working towards an automated process of PDMP queries that can be accessed within EHR by prescribers and their delegates and therefore integrates into the clinical workflow. We expect this to be implemented in early FY 2021. VA is in the process of integrating PDMPs into both the legacy health records system and the new EHR. PDMP's solution for the legacy system will provide integrated access for clinicians and delegates across the available state data bases and the Military Health System. VA's new EHR will initially provide integrated access to prescribers directly to the Washington state PDMP.

Multiple initiatives are underway to increase access to life-saving medication for OUD. In the past 4 years, the number of Veterans with OUD receiving buprenorphine, injectable naltrexone, or opioid treatment program administered methadone increased by more than 20 percent. Most of these medications are provided in substance use disorder treatment clinics, but only about half of Veterans clinically diagnosed with OUD receive treatment in these clinics. In order to reach Veterans where they are, VA launched the Stepped Care for Opioid Use Disorder Train-the-Trainer initiative to increase access to OUD medication treatment in Primary Care, General Mental Health, and Pain Management Clinics. In the first 14 months, 18 pilot teams increased the number of patients receiving buprenorphine in these clinics by 141 percent. During FY 2020 and continuing into FY 2021, VA plans to provide additional training and support access to stepped care for OUD treatment in settings outside of substance use disorder specialty care with future plans focused on ensuring timely access to life saving medication for the treatment of OUD regardless of where the Veteran presents for care.

VA's Opioid Safety Initiative has greatly reduced reliance on opioid medication for pain management, in part by reducing opioid prescriptions by more than 58 percent since 2012. Seventy-five percent of VA's reduction can be attributed to not starting Veterans with chronic, non-cancer pain on long-term opioid therapy and instead utilizing multimodal strategies that manage Veteran pain more effectively long-term. As VA continues its efforts to address opioid over-use in a Whole Health (WH) approach to care, options such as non-opioid medications and non-pharmacological modalities including: behavioral therapy; restorative therapies (such as physical therapy and occupational therapy); interventional pain care; complementary and integrative health (CIH) approaches (such as massage therapy, yoga, meditation, acupuncture, Tai Chi) are important components to VA's Pain Management Strategy. Initial results from the analysis of the 18 WH Flagship sites as required by CARA have just become available and demonstrate a three-fold reduction in opioid use among Veterans with chronic pain who used WH services (including CIH) compared to those who did not. Monitoring will continue of these original 18 sites as well as the 37 additional facilities that were added in 2018. As required by CARA, all VHA facilities have established or are in the process of implementing interdisciplinary pain management teams or pain clinics that support Veterans and our Primary Care Teams in delivering the best pain care possible. While these efforts are well underway, we must continue to provide access to these safe and effective pain care approaches systemwide, wherever the Veteran is located and virtually, as needed. In addition, the Creating Options for Expedited Recovery (COVER) Commission, after reviewing the status of mental health care in the VA, recommended that VA should continue to expand the availability of the Whole Health approach in the treatment of OUD as well as mental health issues overall.

Women Veterans

The number of women Veterans enrolling in VA health care is increasing, placing new demands on VA's health care system. Women make up 16.9 percent of today's Active Duty military forces and 19 percent of National Guard and Reserves. More women are choosing VA for their health care than ever before, with women accounting for over 30 percent of the increase in Veterans served over the past 5 years. The number of women Veterans using VHA services has tripled since 2001, growing from 159,810 to over 500,000 today. To address the growing number of women Veterans who are eligible for health care, VA is strategically enhancing services and access for women Veterans by investing $50 million in a hiring initiative in 2021. The FY 2021 Budget projects $626 million for gender-specific women Veterans' health care, a $53 million increase over FY 2020. This Budget would also continue to support a full-time Women Veterans Program Manager at every VA health care system. VHA has also made a commitment to train mental health providers to address women Veterans' complex and unique needs, including gender-related suicide risks. One of our key initiatives is the Women's Mental Health Mini-Residency and national Reproductive Mental Health/Psychiatry consultation initiatives. To date, more than 450 VA providers have attended the mini-residency. Participants indicate that the training increased their competency to provide gender-sensitive care to women Veterans and positively

impacted women's mental health services at their local facility. The mini-residency is required training for all Women's Mental Health Champions, who serve as a local contact for women Veterans' mental health.

Additionally, VA launched a National Women's Reproductive Mental Health Consultation Program in FY 2020. With this new resource, expert consultation is now available to all VA clinicians on topics such as treating premenstrual, perinatal, and perimenopausal mood disorders, and treating women's mental health conditions that can be affected by gynecologic conditions. Without this program, key mental health care needs of women might not be detected or treated. User feedback has been overwhelmingly positive. Consultations have focused on highly complex patient presentations and prescribing considerations and reaffirm the critical need for this national resource.

This Budget would continue to support Women's Mental Health training and consultation programs. It would also support 0.10 Full-Time Equivalent (FTE) protected time for a Women's Mental Health Champion at every VHA health care system to facilitate consultations and develop resources that increase the visibility and accessibility of gender-sensitive women's mental health care and contribute to a welcoming care environment.

Treatment of Military Sexual Trauma

When asked by their VA health care provider, about 1 in 3 women and 1 in 100 men report that they experienced sexual assault or sexual harassment during their military service. These experiences, which VA refers to as military sexual trauma (MST), can have a significant impact on Veterans' mental health, physical health, general well-being, and are also associated with an increased risk for suicide. VA's services for MST can be critical resources to help Veterans in their recovery journey. Since VHA began systematic MST-related monitoring in FY 2007, there has been a 344 percent increase in the number of female Veterans receiving MST-related outpatient care and a 256 percent increase in the number of male Veterans receiving MST-related outpatient care. In FY 2019, VA provided 2,014,671 MST-related outpatient visits— an 11 percent increase from FY 2018. The cost of providing MST-related care is incorporated into broader health care costs for each VA health care system (HCS) and, as such, VHA's requested increases for health care services funding more broadly will directly benefit MST survivors. These funds are needed to maintain the full continuum of outpatient, inpatient, and residential mental health services as well as medical care services that are crucial to assisting MST survivors in their recovery. Funding also supports VHA's universal screening program in which every Veteran seen for health care is asked about experiences of MST, so that he or she can be connected with MST-related services as appropriate. Additionally, funding supports the MST Coordinator program, in which every VA health care system has a designated MST Coordinator who can help Veterans access MST-related services and programs.

Precision Oncology

The FY 2021 Budget includes $75 million to support VHA's precision oncology initiative, which aims to improve the lives of Veterans with cancer by ensuring that no matter where they live, they have access to cutting-edge cancer therapy using Precision Medicine, telehealth, and a learning HCS that integrates research with clinical care. Precision oncology is an evolution from one-size-fits-all cancer care. We are learning that we can increase treatment success and decrease side-effects by picking the treatment based upon characteristics of the patient and of the cancer. It primarily focuses on mutations in the patient's and cancer's DNA, respectively. The requested FY 2021 funding for this initiative would support:

- Investment in new national lung cancer network, including expansion of lung cancer screening, and expanded prostate cancer coverage;
- Enhanced ability to track – and conduct performance improvement – across a broader range of precision oncology quality measures at the national level;
- Scaling access to genetic counseling with the growth of genetic testing;
- Expanding access to national tele-oncology;
- Expanding use of pharmacogenics to enhance safety and efficacy of medication use;
- Additional clinical trials for prostate and lung cancer; and
- Exploration of new opportunities for breast cancer research.

Telehealth

The FY 2021 Budget request includes $1.3 billion for care provided through telehealth. VA leverages telehealth technologies to enhance the accessibility, capacity, and quality of VA health care for Veterans, their families, and their caregivers anywhere in the country. VA achieved more than 1.3 million video telehealth visits in FY 2019, a 26 percent increase in video telehealth visits over the prior year. Representing the fastest growing segment of VA telehealth, more than 10 percent of the 900,000 Veterans using VA telehealth received care through video telehealth in the comfort of their home or another non-VA location using VA Video Connect (VVC). In response to the pandemic, the Office of Information and Technology rapidly scaled telehealth platforms to stay ahead of business and user demand. VA has seen a near tenfold increase in VVC visits, from nearly 10,500 the first week of March to 104,387 visits in the first week of May. Recently, VA recorded its first day with 2 million minutes of VVC visits. As of May 20, 35 percent of VVC traffic is being routed to VA's Care2 cloud, expanding bandwidth and improving call quality and performance. In FY 2021, our goal is to have all VA providers offering VA Video Connect services to Veterans when clinically appropriate and requested by the Veteran.

Strengthening VA's Internal System of Care

The FY 2021 Budget supports VHA's Plan for Modernization including continued progress towards becoming a high reliability organization (HRO) and the realignment of VHA Central Office (VHACO) to better support our care providers in the field. The HRO

model is the managerial framework for transformational change. HROs focus on continuous improvement and enhancing the customer experience. VHA has identified its own path to high reliability to meet Veterans' unique needs. Starting in 2019, VHA began instilling HRO principles, tools, and techniques at every level of the organization to address root causes; advance VA and VHA priorities; and ultimately achieve our vision of providing exceptional, coordinated, and connected care for Veteran health and wellbeing. In FY 2021, VHA will continue to promote HRO principles and move closer to its aim of becoming a "zero harm" organization that is constantly learning and applying those lessons toward improving Veteran care. On January 8, 2020, VA announced the redesign of VHACO as part of its modernization efforts to reflect leading health care industry practices and address clinical integration. The new structure now supports joint leadership roles of a chief medical officer and expanded chief nursing officer. The new structure clarifies office roles and streamlines responsibilities to eliminate fragmentation, overlap, and duplication. It also allows VHA to be more agile and to respond to changes and make decisions more quickly. This positions VHA to better support Veterans Integrated Service Networks (VISN) and facilities directly serving Veterans. VHACO staff includes the approximately 20,000 staff located throughout the country that provide operational support to VAMCs. The proposed change in structure will not result in a reduction or termination of staff.

Animal Research

VA conducts an array of research in areas significant to Veterans' health care. VA only conducts research with animals when absolutely necessary. There are some research questions that cannot be addressed other than by research with animals, and VA refuses to ignore Veterans whose health care needs that research. For example, animal research in Cleveland involving researchers from VA recently led to the development of a device that allows Veterans with spinal cord injuries to cough on their own and communicate with a stronger voice, leading to increased independence and a significant reduction in respiratory infections and deaths. This important advancement would not have been possible using computer simulations, test tube techniques, 'organ on a chip' technology, or smaller animal species. VA has very few animal studies active at any one time, but some health care problems like this one can only be addressed with animal research, underscoring the importance of this kind of research in helping Veterans who have been severely injured on the battlefield.

Benefits

Blue Water Navy

One of the most significant changes for our Veterans in 2019, was the signing of the *Blue Water Navy Vietnam Veterans Act of 2019* in June, with an effective date of January 1, 2020. As of April 30, 2020, VA has received nearly 56,000 potential Blue Water Navy (BWN) claims and has already issued over $425 million in retroactive benefit payments to more than 20,000 BWN Veterans and survivors. All IT systems were operational on December 31, 2019 and continue to provide the required

computing power. In FY 2021, VA expects to receive 70,000 BWN claims and appeals. VA's FY 2021 funding request includes $137 million for VBA General Operating Expenses (GOE) to support BWN implementation. This Budget request includes sustaining 691 FTE for claims processing; call center agents; quality reviews; and contracting for the continued scanning of deck logs, service records, and paper claims from the National Archives and Records Administration. The Budget also supports standard business operations, which include support to enable Private Medical Records requests, audit reviews of deck log transcription services, and strategic communications/outreach to Veterans and key stakeholders.

Forever GI Bill

The FY 2021 Budget for VBA includes an increase of $20.5 million as a result of provisions in The Harry W. Colmery Veterans Educational Assistance Act (the Colmery Act) of 2017. The Department remains steadfast in its commitment to ensuring every Post-9/11 GI Bill beneficiary is made whole based on the rates established under the Colmery Act. We have taken significant steps to ensure there is broad awareness and understanding of our actions to date. VA executed a comprehensive communications and training campaign to schools, Veteran Service Organizations, state approving agencies, students, beneficiaries, and other stakeholders to regularly provide updates and seek input on VA activities and progress. During the COVID-19 pandemic, VA is working to ensure that Veterans whose education has been impacted by the COVID-19 environment are not being unfairly penalized. Before COVID-19, VBA and VA OIT had been working toward modernizing education benefits IT systems; this allows VBA to continue supporting Veterans' educational needs during the pandemic and continue modernization efforts thereafter.

Appeals Modernization

One year after the successful implementation of the Veterans Appeals Improvement and Modernization Act (AMA), VA is encouraged by an active business transformation that is improving Veterans' appeals experience. AMA is transforming VA's complex and lengthy appeals process into one that is simple, timely, and fair to Veterans and that ultimately gives Veterans choice, control, and clarity in the claims and appeals processes. VA is leveraging its telehealth technology to enable tele-hearings, which allow BVA to hold virtual appeals hearings. VA OIT has also significantly expanded its remote access bandwidth, allowing VBA employees to continue business operations remotely and remain efficient during the COVID-19 pandemic. The FY 2021 request of $198.0 million for the Board of Veterans' Appeals (the Board) is $24 million above the FY 2020 enacted budget and will sustain approximately 1,161 FTE. This Budget would prioritize the resolution of legacy appeals at the Board while simultaneously adjudicating appeals under AMA. In addition to adjudicating appeals and claims under AMA, addressing pending legacy appeals will continue to be a priority for VA in FY 2020 and FY 2021. In October, VA finalized an enterprise plan to resolve non-remand legacy appeals by the end of calendar year 2022 and continues to stay on track despite COVID-19. The Board has moved swiftly in the face of COVID-19 to

mitigate the substantial impact from the suspension of in person hearings since mid-March. Moving to virtual hearings was the only viable strategy to safely serve Veterans during this pandemic. I am proud of the work being done at VA to make sure those Veterans waiting the longest for a decision get their results.

Business Transformation

Business transformation continues to be central to my focus and is essential for the Department to move beyond compartmentalization of the past and empower our employees serving Veterans in the field to provide world-class customer service. This means reforming the systems responsible for claims and appeals, GI Bill benefits, human resources, financial and acquisition management, supply chain management, and construction.

Electronic Health Record Modernization

In 2018, VA awarded Cerner Government Services, Inc. a 10-year contract to acquire the same EHR solution being deployed by DoD, which will enable seamless sharing of health information, improve care delivery and coordination, and provide clinicians with data and tools that support patient safety. With the support of Congress, VA's Office of Electronic Health Record Modernization (OEHRM) has made significant strides toward CSS Go-Live in Columbus, Ohio and at our initial operating capability sites in the Pacific Northwest.

While maintaining a non-intrusive posture, amid COVID-19, OEHRM continues to advance the EHRM mission to the greatest extent possible through virtual meetings and activities. OEHRM is continuing design and configuration efforts for additional capabilities that will provide greater functionality for Veterans and end-users at Go-Live. The EHR national standard design and build reached over 99% completion toward meeting the needs of clinicians who require training for the new system. Progress continues toward completing the build of the full EHR solution at the VA Puget Sound Health Care System. Additionally, OEHRM has also made substantial progress with the interfaces to support the EHRM effort. OEHRM completed interface design, build, connectivity and technical testing for all 73 interfaces required to support Go-Live for VA's new EHR solution. Design and connectivity efforts for interface projects to support additional capabilities have been initiated and are progressing toward technical testing.

When facility access is permitted, OEHRM is prepared to advance preparations for the CSS implementation in Columbus, OH and continue the EHRM effort in the Pacific Northwest. OEHRM has prepared drop-in reengagement strategies to continue end user training and implementation efforts at both facilities when determined safe for teams to reengage staff.

The 2021 Budget includes $2.6 billion to continue VA's efforts to implement a longitudinal health record and to ensure interoperability with DoD. This request provides necessary resources for full deployment of VA's new EHR solution at the

remaining sites in VISN 20 and VISN 22. Additionally, it partially funds the concurrent deployment of waves comprised of sites in VISNs 7 and 21. VA's new EHR solution will be deployed at VAMCs, as well as associated clinics, Vet Centers, mobile units, and ancillary facilities.

Information Technology Modernization

The 2021 Budget of $4.9 billion continues to invest in the Office of Information and Technology (OIT) modernization effort, enabling us to streamline VA efforts to operate more effectively and decrease our spending while increasing the services we provide. OIT delivers the necessary technology and expertise that supports Veterans and their families through effective communication and management of people, technology, business requirements, and financial processes. During the COVID-19 pandemic, VA OIT rapidly scaled bandwidth and capacity to enable the Department's remote workforce. In addition to expanding bandwidth, VA OIT migrated teleconferencing capabilities and telehealth/tele-hearing systems to the cloud, increasing bandwidth and call quality and performance. Funding from the CARES Act to sustain this work does not expire until September 2021.

The requested $496 million in technology development funding will be dedicated to specific modernization efforts to support major initiatives such as the VA MISSION Act, the Colmery Act, BWN, Defense Medical Logistics Standard Support (DMLSS), and the Financial Management Business Transformation (FMBT). The Budget also invests $341 million for information security to protect Veterans' and employees' information.

The 2021 OIT Budget includes $250 million for the Infrastructure Readiness Program (IRP) to guide the ongoing refresh and replacement of the IT Infrastructure resources that sustain all VA IT operations. IRP identifies the current state of the IT Infrastructure and provides analysis for the strategy to refresh and modernize IT Infrastructure assets based on equipment age, expiration of warranty, support limitations, lifecycle estimates, business requirements, technology roadmap, financial planning and policy changes. The term "Technical Debt" is normally associated with software development and is generally understood to relate to making short term decisions and trade-offs that can cause significant rework to address in the long term. For IRP purposes, "technical debt" refers to the cost needed to bring legacy infrastructure components to a state of full efficacy. Technical debt multiplies year over year and reduces available resources for allocation to VA business priorities.

Reducing technical debt will enable VA to more rapidly deliver IT solutions for joint VA business priorities that enable the exceptional customer experience, care, benefits, and services Veterans have earned. A robust, healthy IT infrastructure is necessary to ensure delivery of reliable, available, and responsive IT services to all VA staff offices and administration customers as well as Veterans.

Financial Management Business Transformation

VA's financial management system for essential accounting and financial activities is more than 30 years old and is growing more obsolete by the day. VA established the FMBT program to achieve VA's goal of modernizing its financial and acquisition management systems. In support of the FMBT program, the 2021 Budget requests a total of $221 million for FMBT, including $111.1 million in IT funds and General Administration funding of $13.9 million. FMBT will leverage the Franchise Fund to bill costs to the Administrations and Staff Offices when the Franchise Fund sells non-IT services to these customers. Additionally, FMBT is leveraging the Supply Fund for costs associated with implementing the acquisition community. Despite the challenges posed by the ongoing pandemic, FMBT has leveraged its Agile program framework to continue moving forward with testing and training activities in this new operating environment. To accommodate the needs of National Cemetery Administration (NCA) field workers during the pandemic and to ensure workforce readiness for the new system, the NCA deployment has been moved to November 2020. This will be followed by the phased implementation of Veterans Benefits Administration (VBA) General Operating Expense (GOE) in February and May 2021.

Supply Chain Modernization and Defense Medical Logistics Standard Support

VA's request includes $111.5 million for modernizing VA's Supply Chain Management. VA is embarking on a supply chain transformation program designed to build an efficient and effective medical supply chain to maximize value to clinical customers and deliver real-time analytics capability to support fast and accurate enterprise decision making.

VA's effort will address people, training, processes, data, and automated systems. To achieve greater efficiency, VA will strengthen its long-standing relationships with DoD by leveraging expertise to modernize VA's supply chain operations, while allowing VA to remain fully committed to providing quality health care.

Through this collaboration with DoD, VA will transition to DMLSS, on an enterprise-wide basis to replace VA's existing inventory system. VA's existing legacy system faces numerous challenges and is not equipped to address the complexity of decision-making and integration required across functions, such as acquisition, medical supplies and equipment, medical maintenance, property accountability, facility maintenance and construction. VA's implementation of the DMLSS solution will ensure that the right products are delivered to the right places at the right time, while providing the best value to the government and taxpayers.

VA is piloting DMLSS at the James A. Lovell Federal Health Care Center and VA's initial EHR sites in Spokane and Seattle to analyze VA enterprise-wide application. In DMLSS, VA is leveraging a proven system that DoD has developed, tested, and implemented, and interfaced with DoD's EHR.

Infrastructure Improvements and Streamlining

In FY 2021, VA will continue improving its infrastructure and provide for expansion of health care, burial, and benefits services where needed most. The request includes $1.4 billion in Major Construction funding, as well as $400 million in Minor Construction to fund VA's highest priority infrastructure projects. These funding levels are consistent with our requests in recent years and represent a combined 8.5 percent increase for Major Construction and Minor Construction funding over the FY 2020 appropriation.

Major and Minor Construction

This funding supports major medical facility projects including providing the final funding required to complete projects in Tacoma, WA – American Lake Construction of New Specialty Care Building 201, and Long Beach, CA – Mental Health and Community Living Center. The request also includes continued funding for ongoing major medical projects at Canandaigua, NY – Construction and Renovation; Alameda, CA – Community Based Outpatient Clinic & National Cemetery; San Diego, CA – Spinal Cord Injury and Seismic Corrections; Livermore, CA – Realignment and Closure of the Livermore Campus; and Dallas, TX – Spinal Cord Injury Center. The request also includes funding to construct an inpatient facility in Tulsa, OK, which will be VA's second project under the authorities provided in the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016, also referred to as CHIP IN. The potential project will include both VA's contribution and resources from a partner who will construct a health care facility for Veterans to be donated to VA upon completion.

The FY 2021 request includes funding for national cemetery expansion and improvement projects in San Antonio, TX, and San Diego, CA. The FY 2021 Budget provides funds for the continued support of major construction program including the seismic initiative that was implemented in 2019 to address VA's highest priority facilities in need of seismic repairs and upgrades.

The request also includes $400 million in minor construction funds that will be used to expand health care, burial, and benefits services for Veterans. The minor construction request includes funding for 37 newly identified projects as well as existing partially funded projects.

Leasing

VA is also requesting authorization of thirteen major medical leases in 2021 to ensure access to health care is available in those areas. The 2021 request includes major medical facility leases that VA previously submitted for Congressional authorization in FY 2019 and FY 2020. These leases include new leases totaling $88 million and 371,051 net usable square feet (NUSF) in Columbia, MO; Hampton, VA; Lawrence, IN; and Salt Lake City, UT; and replacement leases totaling $187 million and 849,428 NUSF in Atlanta, GA; Baltimore, MD; Baton Rouge, LA; Beaufort, SC; Beaumont, TX; Jacksonville, NC; Nashville, TN; Plano, TX, and Prince George's

County, MD. VA is requesting funding of $1.054 billion to support ongoing leases and delivery of additional leased facilities during the year. These new and ongoing leases represent over 1.2 million square feet of leased space providing state of the art care for our Nation's Veterans.

Repurposing or Disposing Vacant Facilities

To maximize resources for Veterans, VA repurposed or disposed of 196 of the 430 vacant or mostly vacant buildings since June 2017 resulting in an estimated $4.5 million in annual operations and maintenance cost avoidance. Due diligence efforts (environmental/historic) for the remaining buildings are substantially complete, allowing them to proceed through the final disposal or reuse process. VA continues to identify additional vacant buildings for disposal or reuse in order to continue to maximize resources and save taxpayer dollars.

Customer Service

As I have described in past testimony, my prime directive is customer service. In order to sustain VA's commitment to customer experience I will be requesting in FY 2021 a shift from a reimbursable authority (RA) funding model to a hybrid RA and budget authority (BA) model for our Veterans Experience Office (VEO). The FY 2021 request is for $11.5 million in direct BA funding. This strategic shift in VEO's budget model will highlight your commitment and VA's commitment to customer service and the institutionalization of customer experience capabilities within the Department now and in the future. Veterans, their families, caregivers, and survivors deserve nothing less than to know that VA is prioritizing their experiences as a core part of the business. The results and impact of VEO are showing. Veteran trust in VA has increased by 25 percent since 2016 and now stands at a historic high of 80 percent. Veteran trust in outpatient healthcare has also increase to a current score of 89 percent. In the last year, Veteran satisfaction with the redesigned VA.gov Web site has increased by 9 percent using Veteran feedback to improve the site – proof positive that when the Department employs VEO capabilities and practices, it produces better results for Veterans, their families, caregivers, and survivors. VEO is also driving the personalization aspect of customer experience by leveraging business processes and integrated technology solutions for Veterans and their families to make their online and telephonic interactions with VA easier and on par with industry. From their first interaction with VA, customers are "known" because of an integrated VA Profile, a data management initiative that synchronizes Veteran data across the VA's systems, thereby creating a comprehensive Veteran customer profile. An accurate customer profile synchronized across multiple systems is significant, as more than a half million Veterans update their contact information with VA each month; now, they do not have to provide the same information each time they contact VA and VA employees can better focus their time on serving Veterans' needs. VA Profile has already made more than 5.7 million contact information updates.

National Cemetery Administration

The President's FY 2021 Budget positions NCA to meet Veterans' emerging burial and memorial needs through the continued implementation of its key priorities: Preserving the Legacy: Ensuring "No Veteran Ever Dies"; Providing Access and Choosing VA; and Partnering to Serve Veterans. The 2021 Budget includes $360 million for NCA's operations and maintenance account, an increase of $32 million (9.8 percent) over the FY 2020 level. This request will fund the 2,085 FTE employees needed to meet NCA's increasing workload and expansion of services, while maintaining our reputation as a world-class service provider. In 2019, NCA achieved an American Customer Satisfaction Index score of 97, the highest result ever achieved for any organization in either the public or private sector. This ranking is the seventh consecutive time NCA received the top rating among participating organizations. The 2021 Budget will allow us to build upon this unprecedented record of success.

In FY 2021, NCA will inter an estimated 137,600 Veterans and eligible family members and care for over 4 million gravesites at 156 National Cemeteries, which includes 11 cemeteries being transferred from the Department of the Army, and 33 soldiers' lots and monument sites. NCA will continue to memorialize Veterans by providing an estimated 360,000 headstones/markers and distributing 630,600 Presidential Memorial Certificates. NCA will also continue efforts to modernize Veterans' memorialization through the Veterans Legacy Program and Veterans Legacy Memorial (VLM). In 2021, NCA will again partner with universities and communities to tell the stories of Veterans buried in VA national cemeteries. In addition to these partnerships, NCA will continue the roll out of VLM, a public memorial platform that shares Veteran-related content with the general public.

VA is committed to investing in NCA's infrastructure, particularly to keep existing National Cemeteries open and to construct new cemeteries consistent with existing burial policies. NCA is amid the largest expansion of the cemetery system since the Civil War. NCA will establish 18 new national cemeteries across the country, including rural and urban locations. The 2021 Budget includes operations and maintenance funding to continue activation of new cemeteries that are open for burials. The FY 2021 request also includes $94 million in major construction funds for two gravesite expansion projects (Fort Sam Houston in San Antonio, TX and Miramar, CA) and $86 million in minor construction funds for gravesite expansion and columbaria projects to keep existing national cemeteries open, address infrastructure deficiencies and other requirements necessary to support national cemetery operations.

The Budget request also includes $45 million for the Veteran Cemetery Grant Program to continue important partnerships with States and tribal organizations. Upon completion of these expansion projects, and the opening of new national, State and tribal cemeteries, nearly 95 percent of the total Veteran population—about 20 million Veterans—will have access to a burial option in a national or grant-funded Veterans cemetery within 75 miles of their homes.

Accountability

The total request for the Office of Accountability and Whistleblower Protection (OAWP) in FY 2021 is $26.5 million, which includes funding for 125 FTE employees. This is an additional $4.3 million, or 18 percent over the FY 2020 appropriation and includes funding for an additional 11 FTEs. This funding level will enable OAWP to implement the oversight and compliance requirements of the VA Accountability and Whistleblower Protection Act of 2017 and conduct thorough and timely investigations into whistleblower disclosures, allegations of senior leader misconduct and poor performance, and whistleblower retaliation. In FY 2019, OAWP received 2,951 submissions, directly conducted approximately 165 investigations, and monitored approximately 593 investigations that were referred out for investigation to VA Administrations and staff offices, as required by law. These efforts are part of VA's effort to build public trust and confidence in the entire VA system and are critical to our transformation.

The FY 2021 Budget also requests $228 million for the Office of the Inspector General (OIG), an $18 million increase over the 2020 enacted level, for 1,048 FTEs in 2021 to support essential oversight of VA's programs and operations through independent audits, inspections, reviews, and investigations; and for the timely detection and deterrence of fraud, waste, and abuse. Additional resources will be used to enhance oversight in program areas that are vital to Veterans and taxpayers, particularly implementation of the VA MISSION Act and the ongoing EHR modernization effort. To that end, OIG will significantly expand oversight of community care, including ongoing efforts to detect and deter health care fraud, financial stewardship, and procurement.

Conclusion

Thank you for the opportunity to appear before you today to address our FY 2021 Budget and FY 2022 AA Budget request. The resources requested in this budget will ensure VA remains on track to meet Congressional intent to implement the VA MISSION Act and continue to optimize care within VHA.

Mr. Chairman, I look forward to working with you and this Committee. I am eager to continue building on the successes we have had so far and to continue to fulfill the President's promise to provide care to Veterans when and where they need it. There is significant work ahead of us and we look forward to building on our reform agenda and delivering an integrated VA that is agile, adaptive, and delivers on our promises to America's Veterans.

STATEMENT OF
THE HONORABLE ROBERT L. WILKIE
SECRETARY OF VETERANS AFFAIRS
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
BUDGET REQUEST FOR FISCAL YEAR 2021

JUNE 3, 2020

Good afternoon, Chairman Moran, Senator Tester, and distinguished Members of the Committee. Thank you for the opportunity to testify today in support of the President's Fiscal Year (FY) 2021 Budget for the Department of Veterans Affairs (VA), including the FY 2022 Advance Appropriation (AA) request. I am accompanied today by Dr. Richard Stone, Executive in Charge, Veterans Health Administration (VHA); Dr. Paul Lawrence, Under Secretary for Benefits, Veterans Benefits Administration (VBA); and Jon Rychalski, Assistant Secretary for Office of Management and Chief Financial Officer.

I begin by thanking Congress and this Subcommittee for your continued strong support and shared commitment to our Nation's Veterans~~. With~~, especially during this extraordinary response to the Coronavirus pandemic. From the start VA took an aggressive posture to protect our patients from COVID-19, and our staff has worked tirelessly to carry it out, with great success. We have diagnosed more than 11,300 Veterans with the virus, but 76 of them are 14 days past their last positive test and recovering at home. We're treating about 1,500 patients for the virus today. I am proud to report that we are well-stocked with supplies, with two weeks' worth of N95 masks and gloves, gowns and other supplies at the ready. We do not have any major staffing problems to report and, in fact, our attendance has been better this year than over the same period last year, a sign of a very dedicated workforce. Overall, our infection rate is incredibly low, less than one half of one percent. To add support, we have greatly expedited the hiring process and brought on more than 10,000 medical staff in an effort to stay ahead of the problem.

I want to thank the Congress for the $19.6 billion in supplemental funding provided in the Coronavirus Aid, Relief, and Economic Security (CARES Act) to address this crisis. This funding has provided us with the means to protect Veterans, including those most vulnerable, our employees, and our citizens during this historic crisis. This includes $17.2 billion for VHA, where money is being used to hire new staff and make sure existing personnel have the resources they need to deal with the evolving needs of the pandemic. The funding has also been used to add beds, provide overtime pay and purchase needed supplies such as ventilators, pharmaceuticals and personal protective equipment

Returning to the subject of today's hearing, with the funding provided by Congress, VHA provides high quality health care services to 9.3 million enrolled Veterans; VBA provides educational benefits for over 900,000 beneficiaries and guaranteed over 624,000 home loans; and our National Cemetery Administration (NCA) will inter an estimated 137,600 Veterans and care for over 4 million gravesites in our 156 sacred National Cemeteries. We are on the other end of the national security continuum, as we take care of those who have already borne the battle, and I continue to believe this is one of the noblest missions in government.

Progress

Solid progress on some of the most transformational initiatives in VA's history has taken place in the last 18 months, with the result being a string of wins that puts Veterans front and center where they belong.

One of our most notable accomplishments is the near-flawless implementation of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 signed into law by President Trump in 2018, giving Veterans real choice over their health care decisions. Emboldened by predictions of an imminent VA system collapse, we effectively rolled out this landmark legislation with no disruption to Veteran care. Less than 5 months after the rollout of the VA MISSION Act's community care provisions, VA had made more than 2.2 million referrals to community care. In addition, we implemented a new urgent care benefit and more than 90,000 urgent care visits had been completed in the same timeframe, and it is only becoming more popular with Veterans. In October 2019, eligible Veterans conducted more than 5,000 urgent care visits each week, thanks to the 6,400 local urgent care providers that have contracted to provide this benefit for VA.

Success with the VA MISSION Act had tremendously positive second and third order effects. Because Veterans like what they see, VA is delivering more care overall than ever before. In FY 2019, VA completed more than 59.9 million internal episodes of care – a record high and about 1.7 million more than the year before. Even better, Veterans' overall trust in VA now sits at (b)(5) 80 percent, as compared to (b)(5) 5 percent in 2016. Statistics show:

- Eighty (b)(5) nine percent of Veterans now trust the VA health care they receive;
- In a recent Veterans of Foreign Wars survey, nearly three quarters of respondents reported improvements at their local VA; and
- More than 90 percent said they would recommend VA care to other Veterans.

We expanded other venues of care for Veterans as well. VA is a leader in using telehealth technology to diagnose and treat Veterans remotely, by connecting Veterans with health care providers electronically, sometimes in their own homes. In FY 2019, VA exceeded 2.6 million telehealth episodes of care to more than 900,000 Veterans. To increase access to telehealth services, VA has established multiple innovative agreements for 'Anywhere to Anywhere' connected care programs with Walmart,

Philips, T-Mobile, Sprint, TracPhone SafeLink, and Verizon. These partnerships give Veterans who may need help with Internet service more options to connect with VA health care providers through video telehealth.

We have also tackled some of our most pressing social issues: opioid use disorder (OUD), homelessness, and a regrettable scourge on our society: suicide.

President Trump's 2018 Initiative to Stop Opioids Abuse and Reduce Drug Supply and Demand directly contributed to a 19 percent reduction in the number of patients receiving opioids nationwide. Overall, since the President took office, there has been a 35 percent decline in Veterans being dispensed an opioid from a VA pharmacy.

VA has achieved impressive results in fighting Veteran homelessness by working with local governments, companies, and other stakeholders. In FY 2018, the total number of Veterans experiencing homelessness decreased 5.4 percent, and in 2019, that number dropped another 2.1 percent. (b)(5) As of February 2020, VA has (b)(5) served over 200,000 Veterans and their families by housing them or preventing them from becoming homeless. Thanks to these partnerships, we've seen 78 communities and 3 states effectively end Veteran homelessness.

The success of these partnerships suggests it's a good way to reduce Veteran suicide, and so VA adopted a public-health approach to suicide prevention, which focuses on equipping communities to help Veterans connect with local support and resources. The public-health approach is central to VA's first ever National Strategy for Preventing Veteran Suicide, which was published in 2018, as well as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) Executive Order (EO) 13861. PREVENTS aims to bring together stakeholders across all levels of government and the private sector to address the national suicide epidemic and provide our Veterans with the specific mental health and suicide prevention services they deserve.

Our recent successes reveal the magnitude of change occurring at VA. But it is only part of the story because we have even more fundamental changes to how VA operates on the cusp of deployment. VA is on the verge of delivering ~~its~~the Centralized Scheduling Solution (CSS) at Chalmers P. Wylie VA Ambulatory Care Center in Columbus, Ohio and VA's new electronic health record (EHR) solution at Mann-Grandstaff VA Medical Center (VAMC) in Spokane, WA, followed by VA Puget Sound Health Care System (HCS) in Seattle and American Lake, WA. Congress has made it clear, and I have always maintained, that we not rush to implement a new EHR at the sacrifice of the quality patient care we promised and are committed to delivering to our Veterans and other beneficiaries. (b)(5)

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(b)(5)
To prioritize the health and safety of our Veterans and front-line staff, OEHRM is responding to changing conditions at VA facilities and changing priorities for the Department. OEHRM is working to be as non-intrusive as possible to ensure that facility staff are equipped to respond to increased patient demand and staffing requests. In light of these rapidly evolving events tied to the spread of the pandemic, programmatic and budgetary impacts are being assessed.

After implementation at our initial sites, the new EHR will be delivered to over 1,200 VA hospitals and clinics through a phased deployment strategy. Concurrent with the deployment of our new EHR modernization is the installation of a new medical logistics system, the Department of Defense's (DoD) Defense Medical Logistics Standard Support (DMLSS) system. We are also deploying our new accounting and acquisition system, the integrated Financial and Acquisition Management System, to NCA with full implementation across VA following in the coming months and years.

The magnitude of change has been so great, and the pace so quick, that VA must carefully assess our resource needs to ensure we can adequately sustain what we have accomplished while continuing to make investments in key areas that promise the greatest return for our dollars. It is against that backdrop that our FY 2021 Budget was developed, with emphasis on sustaining the ground we have gained.

Fiscal Year 2021 Budget Request

The President's FY 2021 Budget requests $243.3 billion for VA — $109.5 billion in discretionary funding (including medical care collections). The discretionary request is an increase of $12.9 billion, or 14.1 percent, over the enacted FY 2020 appropriation. It would sustain the progress we have made; provide additional resources to improve patient access and timeliness of medical care services for the approximately 9 million Veterans enrolled for VA health care; and improve benefits delivery for our Veterans and their beneficiaries. The President's FY 2021 Budget also requests $133.8 billion in mandatory funding, $9.1 billion or 7.2 percent above 2020.

For the FY 2022 AA, the budget requests $98.9 billion in discretionary funding including medical care collections for Medical Care and $145.3 billion in mandatory advance appropriations for VBA's benefits programs: Compensation and Pensions; Readjustment Benefits; and Veterans Insurance and Indemnities.

For Medical Care, VA is requesting $94.5 billion (including $4.5 billion in medical care collections) in FY 2021, a 13 percent increase over the 2020 level (including the $615 million transfer from the Veterans Choice Fund), and a $2.3 billion increase over the 2021 AA. This excludes CARES Act funding. The request fully supports sustainment of the provisions included in VA MISSION Act, including the streamlining and enhancement of community care services, an urgent care benefit, expansion of our caregiver support program, and other authorities and programs that will improve VA's

ability to provide high-quality, timely, Veteran-centric care in line with Veterans' preferences and clinical needs.

This is the largest budget request in VA history, allowing VA to sustain our remarkable progress, continue the upward trajectory of modernizing our systems, and be a center of innovation, providing options to Veterans when it comes to their own care. I urge Congress to support and fully fund our FY 2021 and FY 2022 AA budget requests.

Next, I will highlight progress we have made, as well as planned activities, in health care, benefits, business transformation, infrastructure, and cemetery operations among others and how the resources we are requesting will contribute to our continued success.

Health Care

VA Medical Centers

In January 2019, VHA began an initiative to optimize clinic practice management and improve access to care through the Improving Capacity, Efficiency, and Productivity initiative. The goal of the initiative was to leverage existing resources and increase internal capacity to maximize the care we provide inside VA with the enhanced eligibility for community care under the VA MISSION Act. The project consisted of a 3-phased approach: Phase 1 focused on improving data accuracy (of labor mapping, bookable time, Primary Care Management Model, stop codes, and person class) through a combination of organization-wide webinars and one-on-one support via virtual site visits; Phase 2 centered on implementation of tailored strong practice solutions (based on process measure data) to help medical centers maximize capacity using existing resources; and Phase 3 encouraged VAMCs to leverage innovative methods of care, such as clinical resource hubs, clinical contact centers, e-consults, and telehealth services.

Through this effort, the number of VAMCs that met the VA MISSION Act average wait time standard of less than or equal to 20 days jumped from 47 percent to 65 percent. To replicate this success, we (b)(5) adopted these same practices at an additional 30 VAMCs. As of February 2020, the initiative entered the monitor and sustainment phase as VHA continues to ensure access enhancements.

Over the last several years, we have also increased provider staffing levels significantly. ~~In~~In FY 2019, prior to the (b)(5) hiring surge in response to the Coronavirus pandemic, we increased physician staffing levels by (b)(5) 1.5 percent; Nurse Practitioners by (b)(5) 4.9 percent; and Physician Assistants by 3.9 percent. We also increased clinic support staff for providers and delivered an additional 2.8 million total clinical episodes of care in FY 2019. In FY 2019, physician workload increased by 2 percent with over 72 million physician encounters. Clinical workload of physicians,

measured in a common relative value unit scale that considers the time and intensity of the service, increased by 4 percent. Provider productivity remained relatively constant.

Community Care Network

We continue our successful deployment of the Community Care Network contracts, which use third party administrators (Optum Public Sector Solutions in Regions 1, 2, and 3; TriWest Healthcare Alliance in Region 4; contracts for Regions 5 and 6 are still in progress) to provide a credentialed network of providers for community care. (b)(5) Regions 1 (b) and 2 are fully deployed; Regions (b)(5) -3 a (b)(s in progress; and Region 4 deployment will begin later this (b)(5) month. Our robust network of over 880,000 providers across the United States gives us exceptional flexibility in meeting Veterans' health care needs no matter where they reside. Realizing that we needed to do a better job of paying claims from community providers, our contracts require administrators to process and pay claims from the community providers based on the more stringent timelines included in the VA MISSION Act. The FY 2021 Budget requests $18.5 billion for Community Care, an increase of 21 percent over the FY 2020 funding level. These resources will allow us to provide real choice to our Veterans, and we estimate we will have 33 million visits to community care providers in FY 2021, an increase of 3.9 percent over FY 2020.

Caregiver Support Program

As we implement the VA MISSION Act, we are expanding our caregiver program to family caregivers of eligible Veterans from all eras. Under the law, expansion will begin when VA certifies to Congress that VA has fully implemented a required information technology (IT) system. The expansion will occur in two phases beginning with eligible family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975, with further expansion beginning two years after that. The 2021 Budget request for the Caregivers Support Program (CSP) is $1.2 billion, $650 million of which is specifically to implement the program's expansion. In October 2019, VA successfully launched a replacement IT solution, known as the Caregiver Record Management Application (CARMA), to support the program. Our efforts in FY 2020 are focused on automating stipend payments and improving existing functionality. Over the course of the next year, we will implement interprofessional Centralized Eligibility and Appeals Teams. This is intended to improve consistency in Program of Comprehensive Assistance for Family Caregivers (PCAFC) eligibility determinations across the enterprise. Led by physicians, these teams will assist with evaluating PCAFC eligibility, tier changes, revocations, and appeals. To ensure smooth operations following PCAFC expansion, VA is working aggressively to recruit, hire and train new team members. These interprofessional teams will be phased in over the course of the next several months and VA anticipates them being fully mission capable in (b)(5) fall 2020.

Some additional key initiatives include the hiring of a program Lead Coordinator at every Veterans Integrated Service Network (VISN) to standardize care and services.

We also implemented the Annie Text system to alleviate caregiver stress and burden through supportive text and developed a toolkit for caregivers that educates and provides resources for caregivers on how to recognize and respond to suicide warning signs. CSP continues to develop, implement, and refine services including peer support, caregiver self-care, and dementia care as well as modernizing processes, programming, and staffing to better serve our Nation's Veterans and their caregivers. As of February 2020, over 350 new staff have been added to the program with the goal of hiring approximately 680 more staff in FY 2020. To continue to support the expansion for this program under the VA MISSION Act, ongoing workload modeling will be assessed, and additional staff may be required.

Suicide Prevention and Treatment

On March 5, 2019, President Trump signed the *National Roadmap to Empower Veterans and End Suicide* (EO 13861), also known as PREVENTS. This created a Veteran Wellness, Empowerment, and Suicide Prevention Task Force that is tasked with developing, within 1 year, a road map to empower Veterans to pursue an improved quality of life, prevent suicide, prioritize related research activities, and strengthen collaboration across the public and private sectors. This is an all-hands-on-deck approach to empower Veteran well-being with the goal of ending Veteran suicide. The road map is on track to be delivered to the White House in the coming weeks. The PREVENTS Office will then work with government agencies on the Task Force, private-sector entities, and State and local communities to implement the recommendations. The FY 2019 Suicide Prevention and Treatment budget was fully executed as planned, supporting the Veterans Crisis Line as well as other critical clinical and community suicide prevention efforts. The FY 2021 Budget requests $10.2 billion for mental health services, a $683 million increase over FY 2020. The Budget specifically would invest $313 million for suicide prevention programming, a $76 million increase over the FY 2020 enacted level. The request would fund over 19.7 million mental health outpatient visits in a mental health setting, an increase of nearly 272,000 visits over the FY 2020 estimate. This builds on VA's current efforts. Since June 2017, VHA has hired 6,047 mental health providers, which is a net increase of 1,754 providers serving our Veterans. Suicide is a national public health issue that affects all Americans. Suicide prevention is my top clinical priority and we are actively implementing a comprehensive public health approach to reach all Veterans — including those who do not receive VA benefits or health services.

Opioid Safety & Reduction Efforts and Treatment of Opioid Use Disorder

The FY 2021 Budget includes $504 million, a $79.1 million increase over FY 2020, to address treatment of OUD and opioid safety and reduction efforts, including specific funding related to programs supported through the Comprehensive Addiction and Recovery Act (CARA) of 2016, Public Law 114-198. Funding for CARA programs is included in the FY 2021 Budget at the level of $121 million, a $64.6 million requested increase over advanced appropriation previously approved for FY 2021 to specifically address over-reliance on opioid analgesics for pain management, improve access to treatment for OUD, and to provide safe and effective use of opioid therapy when clinically indicated. This CARA budget would provide support for deployment of evidence-based practices, toolkits, and research to enhance and expand patient-centered, safe, and effective pain care. This will be accomplished through several efforts including: developing and implementing a national program for Opioid Stewardship that will enhance the continued expansion and implementation of the Opioid Safety Initiative; providing funding for fully staffing and supporting CARA-required Pain Management Teams with hiring, toolkits, training and expert guidance; and providing increased access to interdisciplinary pain management through multiple modalities including but not limited to: increased field staffing for pain management teams at facilities; greatly expanded access to telehealth for pain management; and treatment of OUD so that we can reach all Veterans under our care. Another particularly important risk mitigation strategy for opioids, and for all controlled substance, is access to State Prescription Drug Monitoring Programs (PDMP), which allow for safer prescribing. VA is working towards an automated process of PDMP queries that can be accessed within EHR by prescribers and their delegates and therefore integrates into the clinical workflow. We expect this to be implemented in early FY ~~2020~~2021. VA is in the process of integrating PDMPs into both the legacy health records system and the new EHR. PDMP's solution for the legacy system will provide integrated access for clinicians and delegates across the available state data bases and the Military Health System. VA's new EHR will initially provide integrated access to prescribers directly to the Washington state PDMP.

Multiple initiatives are underway to increase access to life-saving medication for OUD. In the past 4 years, the number of Veterans with OUD receiving buprenorphine, injectable naltrexone, or opioid treatment program administered methadone increased by more than 20 percent. Most of these medications are provided in substance use disorder treatment clinics, but only about half of Veterans clinically diagnosed with OUD receive treatment in these clinics. In order to reach Veterans where they are, VA launched the Stepped Care for Opioid Use Disorder Train-the-Trainer initiative to increase access to OUD medication treatment in Primary Care, General Mental Health, and Pain Management Clinics. In the first 14 months, 18 pilot teams increased the number of patients receiving buprenorphine in these clinics by 141 percent. During FY 2020 and continuing into FY 2021, VA plans to provide additional training and support ~~to~~ (b)(5) access to stepped care for OUD treatment in settings outside of substance use disorder specialty care with future plans focused on ensuring timely

access to life saving medication for the treatment of OUD regardless of where the Veteran presents for care.

VA's Opioid Safety Initiative has greatly reduced reliance on opioid medication for pain management, in part by reducing opioid (b)(5) prescriptions by more than ~~55~~58 percent (b)(5) since 2012. Seventy-five percent of VA's reduction can be attributed to not starting Veterans with chronic, non-cancer pain on long-term opioid therapy and instead utilizing multimodal strategies that manage Veteran pain more effectively long-term. As VA continues its efforts to address opioid over-use in a Whole Health (WH) approach to care, options such as non-opioid medications~~;~~ and non-pharmacological modalities including: behavioral therapy; restorative therapies (such as physical therapy and occupational therapy); interventional pain care; (b)(5) (b)(5) complementary and integrative health (CIH (b)(5) approaches (such as massage therapy, yoga, meditation, acupuncture, Tai Chi (b)(5) are important components to VA's Pain Management Strategy. Initial results from the analysis of the 18 WH Flagship sites as required by CARA have just become available and demonstrate a three-fold reduction in opioid use among Veterans with chronic pain who used WH services (including CIH) compared to those who did not (b)(5) Monitoring will continue of these original 18 sites as well as the (b)(5) 37 additional facilities that were added in 2018. As required by CARA, all VHA facilities have established or are in the process of implementing interdisciplinary pain management teams or pain clinics that support Veterans and our Primary Care Teams in delivering the best pain care possible. While these efforts are well underway, we must continue to provide access to these safe and effective pain care approaches systemwide, wherever the Veteran is located and virtually, as needed. In addition, the Creating Options for Expedited Recovery (COVER) Commission, after reviewing the status of mental health care in the VA, recommended that VA should continue to expand the availability of the Whole Health approach in the treatment of OUD as well as mental health issues overall.

Women Veterans

The number of women Veterans enrolling in VA health care is increasing, placing new demands on VA's health care system. Women make up 16.9 percent of today's Active Duty military forces and 19 percent of National Guard and Reserves. More women are choosing VA for their health care than ever before, with women accounting for over 30 percent of the increase in Veterans served over the past 5 years. The number of women Veterans using VHA services has tripled since 2001, growing from 159,810 to over 500,000 today. To address the growing number of women Veterans who are eligible for health care, VA is strategically enhancing services and access for women Veterans by investing $50 million in a hiring initiative in 2021. The FY 2021 Budget projects $626 million for gender-specific women Veterans' health care, a $53 million increase over FY 2020. This Budget would also continue to support a full-time Women Veterans Program Manager at every VA health care system. VHA has also made a commitment to train mental health providers to address women Veterans' complex and unique needs, including gender-related suicide risks. One of our key

initiatives is the Women's Mental Health Mini-Residency and national Reproductive Mental Health/Psychiatry consultation initiatives. To date, more than 450 VA providers have attended the mini-residency. Participants indicate that the training increased their competency to provide gender-sensitive care to women Veterans and positively impacted women's mental health services at their local facility. The mini-residency is required training for all Women's Mental Health Champions, who serve as a local contact for women Veterans' mental health.

Additionally, VA launched a National Women's Reproductive Mental Health Consultation Program in FY 2020. With this new resource, expert consultation is now available to all VA clinicians on topics such as treating premenstrual, perinatal, and perimenopausal mood disorders, and treating women's mental health conditions that can be affected by gynecologic conditions. Without this program, key mental health care needs of women might not be detected or treated. User feedback has been overwhelmingly positive. Consultations have focused on highly complex patient presentations and prescribing considerations and reaffirm the critical need for this national resource.

This Budget would continue to support Women's Mental Health training and consultation programs. It would also support 0.10 Full-Time Equivalent (FTE) protected time for a Women's Mental Health Champion at every VHA health care system to facilitate consultations and develop resources that increase the visibility and accessibility of gender-sensitive women's mental health care and contribute to a welcoming care environment.

Treatment of Military Sexual Trauma

When asked by their VA health care provider, about 1 in 3 women and 1 in 100 men report that they experienced sexual assault or sexual harassment during their military service. These experiences, which VA refers to as military sexual trauma (MST), can have a significant impact on Veterans' mental health, physical health, general well-being, and are also associated with an increased risk for suicide. VA's services for MST can be critical resources to help Veterans in their recovery journey. Since VHA began systematic MST-related monitoring in FY 2007, there has been a 344 percent increase in the number of female Veterans receiving MST-related outpatient care and a 256 percent increase in the number of male Veterans receiving MST-related outpatient care. In FY 2019, (b)(5) VA provided 2,014,671 MST-related outpatient visits (b)(5) – an 11 percent increase from FY 2018. The cost of providing MST-related care is incorporated into broader health care costs for each VA health care system (HCS) and, as such, VHA's requested increases for health care services funding more broadly will directly benefit MST survivors. These funds are needed to maintain the full continuum of outpatient, inpatient, and residential mental health services as well as medical care services that are crucial to assisting MST survivors in their recovery. Funding also supports VHA's universal screening program in which every Veteran seen for health care is asked about experiences of MST, so that he or she can be connected with MST-related services as appropriate. Additionally, funding supports the MST

Coordinator program, in which every VA health care system has a designated MST Coordinator who can help Veterans access MST-related services and programs.

Precision Oncology

The FY 2021 Budget includes $75 million to support VHA's precision oncology initiative, which aims to improve the lives of Veterans with cancer by ensuring that no matter where they live, they have access to cutting-edge cancer therapy using Precision Medicine, telehealth, and a learning HCS that integrates research with clinical care. Precision oncology is an evolution from one-size-fits-all cancer care. We are learning that we can increase treatment success and decrease side-effects by picking the treatment based upon characteristics of the patient and of the cancer. It primarily focuses on mutations in the patient's and cancer's DNA, respectively. The requested FY 2021 funding for this initiative would support:

- Investment in new national lung cancer network, including expansion of lung cancer screening, and expanded prostate cancer coverage;
- Enhanced ability to track – and conduct performance improvement – across a broader range of precision oncology quality measures at the national level;
- Scaling access to genetic counseling with the growth of genetic testing;
- Expanding access to national tele-oncology;
- Expanding use of pharmacogenics to enhance safety and efficacy of medication use;
- Additional clinical trials for prostate and lung cancer; and
- Exploration of new opportunities for breast cancer research.

Telehealth

The FY 2021 Budget request includes $1.3 billion for care provided through telehealth. VA leverages telehealth technologies to enhance the accessibility, capacity, and quality of VA health care for Veterans, their families, and their caregivers anywhere in the country. VA achieved more than 1.3 million video telehealth visits in FY 2019, a 26 percent increase in video telehealth visits over the prior year. Representing the fastest growing segment of VA telehealth, more than 10 percent of the 900,000 Veterans using VA telehealth received care through video telehealth in the comfort of their home or another non-VA location using VA Video Connect. (VVC). In response to the pandemic, the Office of Information and Technology rapidly scaled telehealth platforms to stay ahead of business and user demand. VA has seen a near tenfold increase in VVC visits, from nearly 10,500 the first week of March to 104,387 visits in the first week of May. Recently, VA recorded its first day with 2 million minutes of VVC visits. As of May 20, 35 percent of VVC traffic is being routed to VA's Care2 cloud, expanding bandwidth and improving call quality and performance. In FY 2021, our goal is to have all VA providers offering VA Video Connect services to Veterans when clinically appropriate and requested by the Veteran.

Strengthening VA's Internal System of Care

The FY 2021 Budget supports VHA's Plan for Modernization including continued progress towards becoming a high reliability organization (HRO) and the realignment of VHA Central Office (VHACO) to better support our care providers in the field. The HRO model is the managerial framework for transformational change. HROs focus on continuous improvement and enhancing the customer experience. VHA has identified its own path to high reliability to meet Veterans' unique needs. Starting in 2019, VHA began instilling HRO principles, tools, and techniques at every level of the organization to address root causes; advance VA and VHA priorities; and ultimately achieve our vision of providing exceptional, coordinated, and connected care for Veteran health and wellbeing. In FY 2021, VHA will continue to promote HRO principles and move closer to its aim of becoming a "zero harm" organization that is constantly learning and applying those lessons toward improving Veteran care. On January 8, 2020, VA announced the redesign of VHACO as part of its modernization efforts to reflect leading health care industry practices and address clinical integration. The new structure now supports joint leadership roles of a chief medical officer and expanded chief nursing officer. The new structure clarifies office roles and streamlines responsibilities to eliminate fragmentation, overlap, and duplication. It also allows VHA to be more agile and to respond to changes and make decisions more quickly. This positions VHA to better support Veterans Integrated Service Networks (VISN) and facilities directly serving Veterans. VHACO staff includes the approximately 20,000 staff located throughout the country that provide operational support to VAMCs. The proposed change in structure will not result in a reduction or termination of staff.

Animal Research

VA conducts an array of research in areas significant to Veterans' health care. VA only conducts research with animals when absolutely necessary. There are some research questions that cannot be addressed other than by research with animals, and VA refuses to ignore Veterans whose health care needs that research. For example, animal research in Cleveland involving researchers from VA recently led to the development of a device that allows Veterans with spinal cord injuries to cough on their own and communicate with a stronger voice, leading to increased independence and a significant reduction in respiratory infections and deaths. This important advancement would not have been possible using computer simulations, test tube techniques, 'organ on a chip' technology, or smaller animal species. VA has very few animal studies active at any one time, but some health care problems like this one can only be addressed with animal research, underscoring the importance of this kind of research in helping Veterans who have been severely injured on the battlefield.

Benefits

Blue Water Navy

One of the most significant changes for our Veterans in 2019, was the signing of the *Blue Water Navy Vietnam Veterans Act of 2019* in June, with an effective date of

January 1, 2020. As of (b)(5) April 30, 2020, VA has received (b)(5) nearly 56,000 potential Blue Water Navy (BWN) claims and has already issued (b)(5) over $425 million in retroactive benefit payments to more than (b)(5) 20,000 BWN Veterans and survivors. All IT systems were operational on December 31, 2019 and continue to provide the required computing power. In FY 2021, VA expects to receive 70,000 BWN claims and appeals. VA's FY 2021 funding request includes $137 million for VBA General Operating Expenses (GOE) to support BWN implementation. This Budget request includes sustaining 691 FTE for claims processing; call center agents; quality reviews; and contracting for the continued scanning of deck logs, service records, and paper claims from the National Archives and Records Administration. The Budget also supports standard business operations, which include support to enable Private Medical Records requests, audit reviews of deck log transcription services, and strategic communications/outreach to Veterans and key stakeholders.

Forever GI Bill

The FY 2021 Budget for VBA includes an increase of $20.5 million as a result of provisions in The Harry W. Colmery Veterans Educational Assistance Act (the Colmery Act) of 2017. The Department remains steadfast in its commitment to ensuring every Post-9/11 GI Bill beneficiary is made whole based on the rates established under the Colmery Act. We have taken significant steps to ensure there is broad awareness and understanding of our actions to date. VA executed a comprehensive communications and training campaign to schools, Veteran Service Organizations, state approving agencies, students, beneficiaries, and other stakeholders to regularly provide updates and seek input on VA activities and progress. During the COVID-19 pandemic, VA is working to ensure that Veterans whose education has been impacted by the COVID-19 environment are not being unfairly penalized. Before COVID-19, VBA and VA OIT had been working toward modernizing education benefits IT systems; this allows VBA to continue supporting Veterans' educational needs during the pandemic and continue modernization efforts thereafter.

Appeals Modernization

One year after the successful implementation of the Veterans Appeals Improvement and Modernization Act (AMA), VA is encouraged by an active business transformation that is improving Veterans' appeals experience. AMA is transforming VA's complex and lengthy appeals process into one that is simple, timely, and fair to Veterans and that ultimately gives Veterans choice, control, and clarity in the claims and appeals processes. VA is leveraging its telehealth technology to enable tele-hearings, which allow BVA to hold virtual appeals hearings. VA OIT has also significantly expanded its remote access bandwidth, allowing VBA employees to continue business operations remotely and remain efficient during the COVID-19 pandemic. The FY 2021 request of $198.0 million for the Board of Veterans' Appeals (the Board) is $24 million above the FY 2020 enacted budget and will sustain approximately 1,161 FTE. This Budget would prioritize the resolution of legacy appeals at the Board while simultaneously adjudicating appeals under AMA. In addition to adjudicating appeals

and claims under AMA, addressing pending legacy appeals will continue to be a priority for VA in FY 2020 and FY 2021. In October, VA finalized an enterprise plan to resolve non-remand legacy appeals by the end of calendar year 2022. and continues to stay on track despite COVID-19. The Board has moved swiftly in the face of COVID-19 to mitigate the substantial impact from the suspension of in person hearings since mid-March. Moving to virtual hearings was the only viable strategy to safely serve Veterans during this pandemic. I am proud of the work being done at VA to make sure those Veterans waiting the longest for a decision get their results.

Business Transformation

Business transformation continues to be central to my focus and is essential for the Department to move beyond compartmentalization of the past and empower our employees serving Veterans in the field to provide world-class customer service. This means reforming the systems responsible for claims and appeals, GI Bill benefits, human resources, financial and acquisition management, supply chain management, and construction.

Electronic Health Record Modernization

In 2018, VA awarded Cerner Government Services, Inc. a 10-year contract to acquire the same EHR solution being deployed by DoD, which will enable seamless sharing of health information, improve care delivery and coordination, and provide clinicians with data and tools that support patient safety. With the support of Congress, VA's Office of Electronic Health Record Modernization (OEHRM) has made significant strides toward CSS Go-Live in Columbus, Ohio and at our initial operating capability sites in the Pacific Northwest.

While maintaining a non-intrusive posture, amid COVID-19, OEHRM continues to advance the EHRM mission to the greatest extent possible through virtual meetings and activities. OEHRM is continuing design and configuration efforts for additional capabilities that will provide greater functionality for Veterans and end-users at Go-Live. The EHR national standard design and build reached over 99% completion toward meeting the needs of clinicians who require training for the new system. Progress continues toward completing the build of the full EHR solution at the VA Puget Sound Health Care System. Additionally, OEHRM has also made substantial progress with the interfaces to support the EHRM effort. OEHRM completed interface design, build, connectivity and technical testing for all 73 interfaces required to support Go-Live for VA's new EHR solution. Design and connectivity efforts for interface projects to support additional capabilities have been initiated and are progressing toward technical testing.

When facility access is permitted, OEHRM is prepared to advance preparations for the CSS implementation in Columbus, OH and continue the EHRM effort in the Pacific Northwest. OEHRM has prepared drop-in reengagement strategies to continue end user training and implementation efforts at both facilities when determined safe for teams to reengage staff.

The 2021 Budget includes $2.6 billion to continue VA's efforts to implement a longitudinal health record and to ensure interoperability with DoD. This request provides necessary resources for full deployment of VA's new EHR solution at the remaining sites in VISN 20 and VISN 22. Additionally, it partially funds the concurrent deployment of waves comprised of sites in VISNs 7 and 21. VA's new EHR solution will be deployed at VAMCs, as well as associated clinics, Vet Centers, mobile units, and ancillary facilities.

Information Technology Modernization

The 2021 Budget of $4.9 billion continues to invest in the Office of Information and Technology (OIT) modernization effort, enabling us to streamline VA efforts to operate more effectively and decrease our spending while increasing the services we provide. OIT delivers the necessary technology and expertise that supports Veterans and their families through effective communication and management of people, technology, business requirements, and financial processes. During the COVID-19 pandemic, VA OIT rapidly scaled bandwidth and capacity to enable the Department's remote workforce. In addition to expanding bandwidth, VA OIT migrated teleconferencing capabilities and telehealth/tele-hearing systems to the cloud, increasing bandwidth and call quality and performance. Funding from the CARES Act to sustain this work does not expire until September 2021.

The requested $496 million in technology development funding will be dedicated to specific modernization efforts to support major initiatives such as the VA MISSION Act, the Colmery Act, BWN, (b)(5) Defense Medical Logistics Standard Support (DMLSS), and the Financial Management Business Transformation (FMBT). The Budget also invests $341 million for information security to protect Veterans' and employees' information.

The 2021 OIT Budget includes $250 million for the Infrastructure Readiness Program (IRP) to guide the ongoing refresh and replacement of the IT Infrastructure resources that sustain all VA IT operations. IRP identifies the current state of the IT Infrastructure and provides analysis for the strategy to refresh and modernize IT Infrastructure assets based on equipment age, expiration of warranty, support limitations, lifecycle estimates, business requirements, technology roadmap, financial planning and policy changes. The term "Technical Debt" is normally associated with software development and is generally understood to relate to making short term decisions and trade-offs that can cause significant rework to address in the long term. For IRP purposes, "technical debt" refers to the cost needed to bring legacy infrastructure components to a state of full efficacy. Technical debt multiplies year over year and reduces available resources for allocation to VA business priorities.

Reducing technical debt will enable VA to more rapidly deliver IT solutions for joint VA business priorities that enable the exceptional customer experience, care, benefits, and services Veterans have earned. A robust, healthy IT infrastructure is

necessary to ensure delivery of reliable, available, and responsive IT services to all VA staff offices and administration customers as well as Veterans.

Financial Management Business Transformation

VA's financial management system for essential accounting and financial activities is more than 30 years old and is growing more obsolete by the day. VA established the FMBT program to achieve VA's goal of modernizing its financial and acquisition management systems. In support of the FMBT program, the 2021 Budget requests a total of $221 million for FMBT, including $111.1 million in IT funds and General Administration funding of $13.9 million. FMBT will leverage the Franchise Fund to bill costs to the Administrations and Staff Offices when the Franchise Fund sells non-IT services to these customers. Additionally, FMBT is leveraging the Supply Fund for costs associated with implementing the acquisition community. Despite the challenges posed by the ongoing pandemic, FMBT (b)(5) has leveraged its (b)(5) (b)(5) Agile program framework to continue moving forward with ~~the~~ (b)(5) testing and training activities in this new operating environment. To accommodate the needs of ~~the~~ National Cemetery Administration (NCA)~~).~~) field workers during the pandemic and to ensure workforce readiness for the new system, the NCA deployment has been moved to November 2020. This will be followed by the phased implementation of Veterans Benefits Administration (VBA) General Operating Expense (GOE) in February and May 2021.

Supply Chain Modernization and (b)(5) Defense Medical Logistics Standard Support

VA's request includes $111.5 million for (b)(5) modernizing VA's Supply Chain Management. VA is embarking on a supply chain transformation program designed to build (b)(5) an efficient and effective medical supply chain (b)(5) (b)(5) to (b)(5) maximize value to clinical customers and deliver real-time analytics capability to support fast and accurate enterprise decision making.

(b)(5) VA's effort (b)(5) will address people, training, processes, data, and automated systems. To achieve greater (b)(5) (b)(5) efficiency, VA will strengthen its long-standing relationships with DoD by leveraging expertise to modernize VA's supply chain operations, while allowing VA to remain fully committed to providing quality health care (b)(5)

(b)(5) Through this collaboration with DoD, VA will transition to (b)(5) (b)(5) DMLSS, on an enterprise-wide basis to replace VA's existin (b)(5) (b)(5) inventory system. VA's (b)(5) existing legacy system faces numerous challenges and is not equipped to address the complexity of decision-making and integration required across functions, such as acquisition, (b)(5) (b)(5) medical supplies and equipment, medical maintenance, property accountability, facility maintenance and construction. VA's implementation of

the DMLSS solution will ensure that the right products are delivered to the right places at the right time, while providing the best value to the government and taxpayers.

VA is piloting (b)(5) DMLSS at the James A. Lovell Federal Health Care Center and ~~VA~~VA's initial EHR sites in Spokane and Seattle to analyze VA enterprise-wide application. In (b)(5) DMLSS, VA is leveraging a proven system that DoD has developed, tested, and implemented, and interfaced with DoD's EHR.

Infrastructure Improvements and Streamlining

In FY 2021, VA will continue improving its infrastructure and provide for expansion of health care, burial, and benefits services where needed most. The request includes $1.4 billion in Major Construction funding, as well as $400 million in Minor Construction to fund VA's highest priority infrastructure projects. These funding levels are consistent with our requests in recent years and represent a combined 8.5 percent increase for Major Construction and Minor Construction funding over the FY 2020 appropriation.

Major and Minor Construction

This funding supports major medical facility projects including providing the final funding required to complete projects in Tacoma, WA – American Lake Construction of New Specialty Care Building 201, and Long Beach, CA – Mental Health and Community Living Center. The request also includes continued funding for ongoing major medical projects at Canandaigua, NY – Construction and Renovation; Alameda, CA – Community Based Outpatient Clinic & National Cemetery; San Diego, CA – Spinal Cord Injury and Seismic Corrections; Livermore, CA – Realignment and Closure of the Livermore Campus; and Dallas, TX – Spinal Cord Injury Center. The request also includes funding to construct an inpatient facility in Tulsa, OK, which will be VA's second project under the authorities provided in the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016, also referred to as CHIP IN. The potential project will include both VA's contribution and resources from a partner who will construct a health care facility for Veterans to be donated to VA upon completion.

The FY 2021 request includes funding for national cemetery expansion and improvement projects in San Antonio, TX, and San Diego, CA. The FY 2021 Budget provides funds for the continued support of major construction program including the seismic initiative that was implemented in 2019 to address VA's highest priority facilities in need of seismic repairs and upgrades.

The request also includes $400 million in minor construction funds that will be used to expand health care, burial, and benefits services for Veterans. The minor

construction request includes funding for 37 newly identified projects as well as existing partially funded projects.

Leasing

VA is also requesting authorization of thirteen major medical leases in 2021 to ensure access to health care is available in those areas. The 2021 request includes major medical facility leases that VA previously submitted for Congressional authorization in FY 2019 and FY 2020. These leases include new leases totaling $88 million and 371,051 net usable square feet (NUSF) in Columbia, MO; Hampton, VA; Lawrence, IN; and Salt Lake City, UT; and replacement leases totaling $187 million and 849,428 NUSF in Atlanta, GA; Baltimore, MD; Baton Rouge, LA; Beaufort, SC; Beaumont, TX; Jacksonville, NC; Nashville, TN; Plano, TX, and Prince George's County, MD. VA is requesting funding of $1.054 billion to support ongoing leases and delivery of additional leased facilities during the year. These new and ongoing leases represent over 1.2 million square feet of leased space providing state of the art care for our Nation's Veterans.

Repurposing or Disposing Vacant Facilities

To maximize resources for Veterans, VA repurposed or disposed of (b)(5) 196 of the 430 vacant or mostly vacant buildings since June 2017 resulting in an estimated $4.5 million in annual operations and maintenance cost avoidance. Due diligence efforts (environmental/historic) for the remaining buildings are substantially complete, allowing them to proceed through the final disposal or reuse process. VA continues to identify additional vacant buildings for disposal or reuse in order to continue to maximize resources and save taxpayer dollars.

Customer Service

As I have described in past testimony, my prime directive is customer service. In order to sustain VA's commitment to customer experience I will be requesting in FY 2021 a shift from a reimbursable authority (RA) funding model to a hybrid RA and budget authority (BA) model for our Veterans Experience Office (VEO). The FY 2021 request is for $11.5 million in direct BA funding. This strategic shift in VEO's budget model will highlight your commitment and VA's commitment to customer service and the institutionalization of customer experience capabilities within the Department now and in the future. Veterans, their families, caregivers, and survivors deserve nothing less than to know that VA is prioritizing their experiences as a core part of the business. The results and impact of VEO are showing. Veteran trust in VA has increased by (b)(25 percent since 2016 and now stands at a historic high of 80 percent. Veteran trust in outpatient healthcare has also increase to a current score of 89 percent. In the last year, Veteran satisfaction with the redesigned VA.gov Web site has increased by 9 percent using Veteran feedback to improve the site – proof positive that when the Department employs VEO capabilities and practices, it produces better results for Veterans, their families, caregivers, and survivors. VEO is also driving the personalization aspect of customer experience by leveraging business processes and integrated technology solutions for Veterans and their families to make their online and telephonic interactions with VA easier and on par with industry. From their first interaction with VA, customers are "known" because of an integrated VA Profile, a data management initiative that synchronizes Veteran data across the VA's systems, thereby creating a comprehensive Veteran customer profile. An accurate customer profile synchronized across multiple systems is significant, as more than a half million Veterans update their contact information with VA each month; now, they do not have to provide the same information each time they contact VA and VA employees can better focus their time on serving Veterans' needs. VA Profile has already made more than 5.7 million contact information updates.

National Cemetery Administration

The President's FY 2021 Budget positions NCA to meet Veterans' emerging burial and memorial needs through the continued implementation of its key priorities: Preserving the Legacy: Ensuring "No Veteran Ever Dies"; Providing Access and Choosing VA; and Partnering to Serve Veterans. The 2021 Budget includes $360

million for NCA's operations and maintenance account, an increase of $32 million (9.8 percent) over the FY 2020 level. This request will fund the 2,085 FTE employees needed to meet NCA's increasing workload and expansion of services, while maintaining our reputation as a world-class service provider. In 2019, NCA achieved an American Customer Satisfaction Index score of 97, the highest result ever achieved for any organization in either the public or private sector. This ranking is the seventh consecutive time NCA received the top rating among participating organizations. The 2021 Budget will allow us to build upon this unprecedented record of success.

In FY 2021, NCA will inter an estimated 137,600 Veterans and eligible family members and care for over 4 million gravesites at 156 National Cemeteries, which includes 11 cemeteries being transferred from the Department of the Army, and 33 soldiers' lots and monument sites. NCA will continue to memorialize Veterans by providing an estimated 360,000 headstones/markers and distributing 630,600 Presidential Memorial Certificates. NCA will also continue efforts to modernize Veterans' memorialization through the Veterans Legacy Program and Veterans Legacy Memorial (VLM). In 2021, NCA will again partner with universities and communities to tell the stories of Veterans buried in VA national cemeteries. In addition to these partnerships, NCA will continue the roll out of VLM, a public memorial platform that shares Veteran-related content with the general public.

VA is committed to investing in NCA's infrastructure, particularly to keep existing National Cemeteries open and to construct new cemeteries consistent with existing burial policies. NCA is amid the largest expansion of the cemetery system since the Civil War. NCA will establish 18 new national cemeteries across the country, including rural and urban locations. The 2021 Budget includes operations and maintenance funding to continue activation of new cemeteries that are open for burials. The FY 2021 request also includes $94 million in major construction funds for two gravesite expansion projects (Fort Sam Houston in San Antonio, TX and Miramar, CA) and $86 million in minor construction funds for gravesite expansion and columbaria projects to keep existing national cemeteries open, address infrastructure deficiencies and other requirements necessary to support national cemetery operations.

The Budget request also includes $45 million for the Veteran Cemetery Grant Program to continue important partnerships with States and tribal organizations. Upon completion of these expansion projects, and the opening of new national, State and tribal cemeteries, nearly 95 percent of the total Veteran population—about 20 million Veterans—will have access to a burial option in a national or grant-funded Veterans cemetery within 75 miles of their homes.

Accountability

The total request for the Office of Accountability and Whistleblower Protection (OAWP) in FY 2021 is $26.5 million, which includes funding for 125 FTE employees. This is an additional $4.3 million, or 18 percent over the FY 2020 appropriation and includes funding for an additional 11 FTEs. This funding level will enable OAWP to

implement the oversight and compliance requirements of the VA Accountability and Whistleblower Protection Act of 2017 and (b)(5) conduct thorough and timely investigations into whistleblower disclosures, allegations of senior leader misconduct and poor performance, and whistleblower retaliation. In FY 2019, OAWP received 2,951 submissions, directly conducted approximately (b)(5) 165 investigations, and monitored approximately (b)(5) 593 investigations that were referred out for investigation to VA Administrations and staff offices, as required by law. These efforts are part of VA's effort to build public trust and confidence in the entire VA system and are critical to our transformation.

The FY 2021 Budget also requests $228 million for the Office of the Inspector General (OIG), an $18 million increase over the 2020 enacted level, for 1,048 FTEs in 2021 to support essential oversight of VA's programs and operations through independent audits, inspections, reviews, and investigations; and for the timely detection and deterrence of fraud, waste, and abuse. Additional resources will be used to enhance oversight in program areas that are vital to Veterans and taxpayers, particularly implementation of the VA MISSION Act and the ongoing EHR modernization effort. To that end, OIG will significantly expand oversight of community care, including ongoing efforts to detect and deter health care fraud, financial stewardship, and procurement.

Conclusion

Thank you for the opportunity to appear before you today to address our FY 2021 Budget and FY 2022 AA Budget request. The resources requested in this budget will ensure VA remains on track to meet Congressional intent to implement the VA MISSION Act and continue to optimize care within VHA.

(b)(5) Mr. Chairman, I look forward to working with you and this (b)(5) Committee. I am eager to continue building on the successes we have had so far and to continue to fulfill the President's promise to provide care to Veterans when and where they need it. There is significant work ahead of us and we look forward to building on our reform agenda and delivering an integrated VA that is agile, adaptive, and delivers on our promises to America's Veterans.

2021 Budget Request	Medical Care	Customer Service	MISSION Act	EHRM	Business Transformation
• $243.3B total • $109.5B discretionary, 14.1% increase • $133.8B mandatory, 7.3% above 2020 • Supports 404,935 FTE; 15K increase with 14K in medical staff	• $94.5 (including collections), 12.9% increase over 2020 • $2.3B second bite • Provides funding for treating 7.2 million patients in 2021 • 352,093 FTE for VHA, an increase of 14,185 (4.2%) over 2020. Over 7,000 of these are clinical	• Prime directive • $11.5M in direct funding for VEO • Today, 87.78 % of Veterans trust the VA health care they receive. • VFW survey: 90% said they would recommend VA care to other Veterans. • 91% have high satisfaction with Telehealth visits	• Budget request fully supports continued implementation of MISSION • 5,000 Veterans per week using urgent care benefit • In FY 2019, VA completed more than 59.9 million internal appointments – a record high and about 1.7 million more than the year before • Launched scholarship pilot program – in 2020, this will welcome 18 Veteran medical students at 9 universities across the country	• $2.6B, a $1.2B or 82% increase over 2020. • Funding supports accelerated deployment of Centralized Scheduling Solution (CSS) and full EHR solution implementation to sites in VISNs 20, 22, 21 and 7 • Work on mission continues -- • JHIE went live on April 18 • National standard design/build reached over 99%/Completed all 73 interfaces for Go-Live at Mann-Grandstaff • OEHRM is prepared for CSS implementation in Columbus, OH and the full EHR solution in the Pacific Northwest	• FMBT: $221M ($111.1 IT funds, $13.9M Gen Ad, and $26.2M through Supply Fund) • Supply Chain Transformation: Includes $111.5M. VA will transition to LogiCole on an enterprise-wide basis. Piloting at Lovell FHCC and initial EHRM IOC sites. Proven system developed by DoD.
Accountability	**Agent Orange**	**Animal Research**	**Appeals**	**Blue Water Navy**	**Caregivers**

• $26.5M, increase of $4.3M (18%) for OAWP
• 11 additional FTE
• Commitment to improving performance and accountability of our senior executives
• In FY 2019, OAWP received 2,951 submissions, conducted approximately 167 investigations, and monitored approximately 551 investigations
	• VA has previously established presumption of service connection for 14 diseases associated with Agent Orange exposure.
	• Looking to the results of VE-HEROeS study and Vietnam-era Veteran Mortality Study
	• Soonest I would be able to consider addition of new presumptive conditions is late 2020
	• As of May 2019, 45% of living, in-country Vietnam Veterans were on the compensation rolls, and 28% of living, in-country Vietnam Veterans had an AO presumptive condition.
		• Proactive efforts to reduce, replace, and refine the use of canines in research
		• In FY2020, the National Academy of Science will complete independent evaluation of VA's use of canines in research
		• Some questions cannot be addressed other than by research with animals
		• VA has expanded the extensive review process already in use for proposed canine studies to include felines and non-human primates, as required by the 2020 approps.
		• 2,000 dogs a day are euthanized in shelters in America, VA euthanized 31 last year.
			• $198M for BVA, 14% increase
			• Sustains 1,161 FTE
			• In 2019, the Board issued a record number of appeals decisions (95,089)
			• $24M increase in net budget authority to addressing pending inventory; improve deliver and access to Veterans with virtual hearings, VETText
				• BWN Act effective Jan 1, 2020, VA began processing claims that day
				• Request includes $137M to sustain 691 FTE including dedicated team of experts to prepare and process claims
				• In FY21, VA expects to receive 70,000 BWN claims and appeals.
				• As of 20 Feb 2020, VA has received over 36,000 potential BWN claims and paid $105 million in retroactive benefits to more than 3,000 Veterans and their survivors.
					• $1.2B in 2021, $485 million above FY 2020 ($650 million for expansion)
					• Over 40,000 family caregivers have participated in PCAFC since the program began in May 2011
					• MISSION Act expansion in 2 phases:
					  ○ Phase 1: Vietnam and pre-Vietnam era Veterans (injured on or before 05/07/1975)
					  ○ Phase 2: Not more than 2 years after all eras
					• In the process of hiring inter-professional Centralized Eligibility and Appeals Teams (CEATs) located at each VISN

Caregivers (continued)	**Claims Processing Inventory**	**Community Care Spending**	**Forever GI Bill**	**For Profit Schools/90-10 Rule**	**Geriatrics/Long-Term Care**
• As of May 2020, hired over 590 of 680 new staff (86%) • IT system is on track to be deployed/certified in late summer/early fall 2020 • The public comment period closed on May 5, 2020. A total of 273 comments received (14 were organizational comments). • VA is now working with OMB for publishing of the Final Rule (tentative late summer/early fall 2020)	• As of 5/21/20: 108,474 rating claims pending over 125 days. Total inventory 369,611. • 237K claims in our inventory (65%) are impacted by COVID-19 and the inability to schedule/hold examinations to complete claims. • Strive to complete rating claims < 125 days. FYTD through 5/21: VBA processed 70.5% of rating claims within 125 days. VBA is completing claims by telehealth exams or ACE as we can, but others are aging, will cause this value to deteriorate as we resume exams and begin to complete or oldest pending claims.	• $18.5 billion in 2021, an increase of $1.4 billion above the advance appropriation. • Funds non-VA provided medical claims and grants for state home nursing, domiciliary and adult day care services. • The $1.4 billion second bite supports updated community care projections based on 2019 actuals and network contract modifications. • 880,000 providers enrolled in network.	• Increase for VBA of $20.5M as a result of the Colmery Act. • 32 of 34 provisions have been implemented • Sec. 501 retroactive payments = 850k records • Underpaid: 3k claimants= $2.3M • Overpaid: 251k claimants= $97M • No impact: 590K claimants	• Under current structure, some institutions may be targeting Veterans because the benefits count as private funds. • VA believes institutions should not aggressively recruit Veterans principally because of financial motives. • Modifications to the 90/10 rule could provide additional tools to assist VA and Education in monitoring and oversight, but changes could also impact some schools' eligibility • Ashford University- 71 of 91 programs approved.	• The number of Veterans with greater than 70% service-connected disability will double in the next 10 years, potentially doubling nursing home costs. • Recommendations are underway for cost-impacting initiatives. • VA is aware of and watching the cost of geriatric services. For example utilization of institutional care is expected to increase by 39% between 2018 and 2030; Utilization of personal care services by more than 50%, and Home-Based Primary care by 45%.

Homelessness

- $1.9B for homeless programs (+$70M)
- $388M for SSVF grants
- In the last 2 FYs, VA has helped 125K Veterans and families by housing them or preventing homelessness
- 78 communities and 3 states have effectively ended homelessness
- Unused HUD vouchers largely due to high-cost areas – and lack of case workers

IT Modernization

- IT $$$: $4.9B (+540M, or 12.4%)
- Focus on infrastructure, cloud migration, cyber security, decommissioning legacy systems, recruiting workforce
- Challenge: substantial deficits in IT infrastructure plus rapidly emerging requirements for MISSION, including Caregiver expansion, Colmery Act.
- Coding challenges and compressed timeframes mandated by complex legislation can be very costly.
- To address longstanding IT infrastructure challenges, we have created an **Infrastructure Readiness Program.** $173M in 2020, $221M in 2021.
- VA's IT budget amongst the lowest in comparison to agency total discretionary spend.

Legislative Proposals

- Supportive services for suicide prevention
- SES-EQV technical fix for compensation for Medical Center and VISN directors
- Amend MST treatment authority to improve access and ensure continuity of care

Market Assessments

- 96 markets – plan for developing a high performing network to best serve Veterans – including services, system footprint, capital investments, divestments, leasing, and partnerships
- Site visits complete for phase 2 in VISNs 1, 10, 12, 15, 19, 23
- Standard time for facility site visit is one 12-15 hour day
- I do not plan to release individual market assessments until all of the work is completed.

Mental Health

- $10.2B for mental health; $683M increase over 2020 estimate
- Growing Demand: 1.8M Veterans (29% of all VHA users) received mental health services in a VHA facility in 2019
- In 2019, VA hired 1,000 additional mental health providers

Military Sexual Trauma

- All Veterans seen for health care are screened for MST.
- Eligibility for MST-related care is expansive
- MST coordinator at every VA health care system
- No documentation of the MST required to receive free MST-related treatment
- In FY 2019 30.6% of female Veterans and 1.7% of male Veterans seen at a VA facility had reported a history of MST
- In FY 2019 there has been an 11% increase over FY 2018 in MST related outpatient visits.
- Since VHA began systematic MST monitoring in FY07 there has been a 344% increase in the number of female Veterans and 256% increase of male Veterans receiving MST related outpatient care.

NCA

- 360M for NCA, increase of $32M or $9.8%
  Four new cemeteries planned for FY 2021 (columbaria-only in New York, NY & Indianapolis, IN; national cemeteries in Cheyenne, WY & Cedar City, UT

Network Adequacy

- Access standards were eligibility criteria developed for VA care and driving improvement in VA. The requirements in the contracts were developed before MISSION and were based on urban rural, and highly rural areas.
- There are more than 880,000 active providers in the network
- CCN:
  - Region 1 - ~167,000
  - Region 2 - ~91,000*
  - Region 3 - ~38,000*
    * = these regions are still deploying

Opioid Reduction

- $504M, $79M increase over FY 2020, for reducing over reliance on opioids
- $121M for CARA programs to better identify, prevent, and mitigate risks
- We perform PDMP check 81% of the time when prescribing opioids for >5 days
- We perform annual PDMP checks 89% of the time for patients on long term opioids.
- VA has received regulatory authority to assert federal supremacy access for practitioners and delegates to state run drug monitoring programs – Delegate access is critical to ensure VA's ability to maintain compliance

Prompt Payment

- Since MISSION was implemented, through May 21, we have processed 22 million claims and disbursed $6.9 billion in payments.
- Current outstanding claims – both current and aged – totals 2M claims and $5.1 billion dollars.
- We have driven down the overall claim inventory from a peak of 3.5M in February 2020 to below 2M in May 2020
- Auto-adjudication rates have doubled over the past quarter and provide decisions within 2 days for 30% of all inbound claims
- Our goal: fix this so you do not have to hear from providers going forward.
- Optum and TriWest are paying 57% of all provider claims within seven days

Sexual Harassment

- Harassment and assault of any kind is NOT TOLERATED at VA.
- Dr. Stone has hired a new leader at VHA that will focus solely on this ongoing culture change.
- We are designing and incorporating new bystander training to empower Veterans and staff to report problems and intervene if necessary.
- My job is to ensure EVERY Veteran feels safe at VA

Suicide Prevention

- $313M for suicide prevention programming, $76M over 2020
- $53M to supports activities related to the VA-led Presidential task force PREVENTS to coordinate suicide prevention efforts
- This total does not include funding for grants
- Public health approach combining community prevention strategies with expansion of evidence-based clinical interventions
- 17 a day, 11 not in VHA care within the year of their death or the year prior
- Senators Sullivan (AK) and Manchin (WV) are the only Senators who recorded PSAs.
- Proposal to do 3-digit nation wide suicide crisis line – 988#.
- PREVENTS seeks to do more to address problem at a national level – not just Veterans.

Telehealth

- $1.3B in 2021, $271M or 25% increase over 2020 current estimate
- MISSION Act helps with authority to cross state lines
- FY 2019: more than 900,000 Veterans had one or more telehealth episodes of care
- Goal=increase to 20% of Veterans
- By end of FY20 all PCP and mental health providers will be able to deliver care to patients, via mobile, web-based device.
- >99K Veterans used VA Video Connect for an appointment at home or location of their preference, eliminating a trip to a VA facility. This represents 246% growth over the number of participating Veterans (28,658) in FY18
- VA was able to modernize bandwidth at 345 of 414 locations to make telehealth expansion possible.

Women Veterans

- $626M for gender specific care, $53M increase over FY 2020
- $50M initiative in 2021 to enhance services and access for women.
- Women Veterans are choosing VA for their healthcare more than ever before. Women Veterans using VHA has tripled since 2000, from 159,810 to 510,000 today.
- VA now has at least 2 Women's Health Primary Care Providers at each health care facility, and since 2008, over 7K providers and nurses have been trained
- VA tracks quality by gender, and unlike other health care systems, has been able to reduce or eliminate gender disparities in important aspects of health screening, prevention, and chronic disease management.
- VA and DoD are now offering specialized Women's Health Transition training for servicewomen transitioning to civilian status. In person training available to 68%, virtual for other 32% by end of FY 2020
- 84% approval rate for women Veterans.

CARES Act

- Supplemental funding of $19.6B for VA response to coronavirus. Includes:
  - $17.2B for VHA
  - $2.15B for IT
- Included funding above request for homelessness, CLCs, State Home Construction Grants, and Non-Recurring Maintenance
- Pay cap waiver for VA employees
- Allows for short term telecoms contracts for telehealth expansion
- VA *may* to provide PPE to State Veteran homes.
- Family First legislation also provided $60M to VHA for COVID testing and copays

CARES Obligations

- VA has obligated a total of $1.49B of the CARES Act funding as of May 19, 2020.
- $1.01B in medical services, including $200M in additional SSVF grant funding.
- $46 million for drugs and medicines used for prevention, diagnosis, research, or treatment of disease; antigens, allergens, vaccines, other biological products; anesthetics and medical or surgical gases.
- $416 million in OIT funds, mostly for expanding telework and telehealth capacity.

COVID19 Infection Data

COVID Veteran Numbers

- Veterans Positive: 11,306 (as of 5/27)
- Active cases: 1,500 active infections
- 76% are over 14 days past their last positive test
- Veteran Patients in ICU: 178
- Veteran Patients in Acute Care: 388
- Veteran Inpatient CLC: 29
- Veteran Patients Outpatient: 990
- Veterans Deceased: 1,091

VHA Employees

- Employees Positive (5/27): 1,137
- Clinical Staff Quarantined: 2,232
- Non-Clinical Staff Quarantined: 1,302
- Employees Deceased: 31 (as of 5/27)

Community Living Centers

- Due to recent increases in testing kits and reagents for COVID19, VHA has the ability to implement population-based, baseline testing of all Veterans and staff in CLC and SCI/D units.
- This includes all patients proposed for admission to a CLC or SCI/D Center. The memorandum further addresses actions to be taken prior to completing baseline testing, as well as following completion of this baseline testing.

Contractors

- The CARES Act provided authority to pay federal contractors who were not able to perform their duties due to lack of access to facilities because of COVID-19.
- VA issued supplemental guidance to the govt wide guidance on April 30 to keep contractors vital to VA mission ready.

EHRM

- To prioritize the health and safety of our Veterans and front-line staff, the OEHRM continues assessing methods to continue non-intrusive work with VA facility staff to respect and support increased patient demand and staffing requests.
- When facility access is permitted, OEHRM is prepared to continue the Electronic Health Record Modernization (EHRM) effort in the Pacific Northwest, at VA's initial operating capability sites, and to advance preparations for the Centralized Scheduling Solution implementation in Columbus, OH.
- The electronic health record (EHR) national standard design and build reached over 99% completion toward meeting the needs of clinicians who require training for the new system.
- OEHRM completed interface design, build, connectivity and technical testing for all 73 interfaces required to support Go-Live for VA's new EHR solution.

Fourth Mission

- FEMA the lead agency directing the federal response to COVID-19.
- MISSIONS: VA has accepted 43 MISSION assignments (as of 5/26) providing a range of support, from ICU beds, staffing, training, testing, and nursing home augmentation.
- VA has provided support to 45 states.
- 294 staff deployed to Community Nursing Homes; 330 staff deployed to State Veterans Homes.

FEMA Reimbursement

- Locations where FEMA Mission Assignments (MA) for health care services are in effect: care is billed directly to FEMA at the VHA Managerial Cost Accounting National Daily Rate; FEMA then reimburses VA.
- Non-FEMA MA locations: Patients are charged the Humanitarian/ineligible rate however billing to these patients is currently on hold unless the Humanitarian patient has billable health insurance. In these cases, VA is billing the patient's insurance and holding unpaid balances pending further guidance.

GI Bill Updates

- Authority to treat education programs converted from resident to distance learning by reason of emergencies or health-related situations like COVID-19
- Work study payments continue if work impacted; Continue payments for 4 weeks if school closed or training suspended; restoration of entitlement if lost credit or training time due to closure or suspended training.
- Pandemic further exposes limitations of EDU legacy IT systems present to our ability to effectively administer the GI Bill and identify, track, and report on impacted schools and students
- VET TEC funding on track to exhaust by end of May – 353 students enrolled in April and trend continues - Subject by law to a $15 million annual budget.

Hiring

- VA has been bringing on new personnel at a record pace to bolster staff at its facilities. Between March 29 and now, VA hired 10,806 medical staff, including 2,309 registered nurses and 341 physicians.
- Recruitment is occurring for both short-term (120 day) appointments and permanent positions.
- OPM support to COVID response:
  - Waived salary off set for re-employed annuitants
  - Approved Direct Hire Authority for critical COVID response positions (health aide, food service worker, industrial hygienist, etc)
- Expanded our recruitment efforts on USAJobs portal

Homelessness Funding

- $300M additional funding to support Homeless Veterans. VHA chose to fund programs with existing funding mechanisms and authorities allow for provision of emergency services:
  - Supportive Services for Veteran Families (SSVF) – to fund emergency housing, HUD-VASH transition in place vouchers, and homeless prevention
  - Grant and Per Diem (GPD) – CARES Act waives cap of $49.91 per day – VHA will raise this $149.73 (3x the original amount to pay for needed goods/housing
  - Health Care for Homeless Veterans (HCHV) – providing emergency shelter or isolation w/ rehabilitation

Increasing Capacity

- VA has expanded bed capacity by more than 3,000 ICU and Medical/Surgical beds across the system. VA had the capacity to take in 12,215 critical and non-critical patients, up from 9,840 in March.
- VHA ceased non-urgent elective procedures by March 18, 2020. This action reduces unnecessary hospitalizations and ICU utilization and will free up resources to address COVID-19, if needed.
- This early preparation has allowed VA's overall occupancy rates to remain steady at 35-40% nationwide in both acute care and intensive care units (ICUs), well below the crisis capacity levels that some feared as the virus spread.

IRS Stimulus Payments

- VA provided IRS with payment information on nearly 5.7 million beneficiaries (Veterans and survivors)
- Over 395K Veterans and survivors received $475 million in economic impact payments
- Dependent info was not shared because VA defines dependent differently than IRS
- Still working data sharing for Veterans and survivors living overseas, including in a US territory
- Fiduciary payments- Data was shared with Treasury, payments scheduled in the very near future.

IT Investments

- VA rapidly shifted a large portion of its workforce to telework, expanded telemedicine offerings, accelerated facility activations, and effectively onboarded over 15,900 new accounts for VHA, ensuring they were ready for work on day one.
- We have recorded a 653 percent increase in Unique Veteran Patients using telehealth
- VA OIT has supported an overall 852 percent increase in total monthly VA Video Connect visits from January-April
- As of May 26, VA OIT has shipped 16,652 laptops and 7,612 iPhones, based on the needs and priorities of the administrations

Medications (Hydrochloroquine and Remdesvir)

- Hydroxychloroquine is not an "experimental drug" - it has been in use for years to prevent or treat malaria, lupus, rheumatoid arthritis and related conditions in both VA and in the civilian sector. Many of us may have taken it as part of your service overseas.
- We want our providers to have access to all the tools and all treatments available.
- VA is participating in some of the many clinical trials (sponsored by NIH, industry and others) testing drugs like chloroquine, hydroxychloroquine and azithromycin in which participants including Veterans agree to participate.
- Off label use is legal, and studies are authorized by FDA, and we are taking guidance from the FDA and Dr. Fauci.
- Hydroxycholorquine is one of the 128 most used drugs in America.
- Hydroxychloroquine doses for rheumatoid arthritis, lupus, etc: 42,000/day or ~300K a week.
- By contrast, during the week of May 17th, 3 Veterans were treated with this drug for COVID-19.

Mental Health

- VHA has been working to rapidly identify and address key mental health and suicide prevention strategies to support Veterans, VHA providers, and in the community during the pandemic
- Research suggests that the loss of social support and periods of economic uncertainty are associated with increased use of substances and potential for emergent substance-related concerns. Research suggests that pandemics may be associated with higher rates of suicide in older adults.
- The Veterans Crisis Line (VCL) has also continued execution of its mission in face of increasing demand and potential risks for staff who work in close physical proximity. VCL has partnered with other VA/VHA call centers to facilitate the management of COVID-19 related calls and is adding a peer-support capability to provide follow-up calls to targeted callers.

Protective Measures

- Our priority is to protect everyone who gets care, visits or works at one of our facilities.
- VA's stock of medical supplies remains robust with millions of N95 masks on hand, along with plenty supplies of hand sanitizer, gloves, gowns and eye protection.
- April 30 VA took possession of another 4.5 million masks the department purchased with the aid of New Hampshire Gov. Chris Sununu and inventor Dean Kamen who helped facilitate the medical supplies being flown to his home state in the face of this crisis.
- VA also had 1,961 ICU ventilators on hand as of May 22, along with 803 transport ventilators and 1,229 anesthesia machines.
- We have experienced a low infection rate across our workforce and low absentee rates of staff, so we think our approach is working.

Reconstituting VA/Way Forward

- VA will follow a 3-phase plan for resuming regular operations at its medical centers, benefit offices and national cemeteries in a post-COVID-19 setting.
- Under VA's plan, conditions on the ground will determine how quickly each facility resumes normal operations, and each phase of the plan is aimed at making sure that Veterans' safety comes first.
- Phase 1: conditions include falling numbers of patients exhibiting COVID-19 symptoms, reduced numbers of people testing positive for the virus, and increased testing capacity.
- Phase 2: resumption of services that have been postponed, again as deemed possible based on local conditions, and subject to safety protocols deemed as necessary by local staff.
  In Phase 3, allow visitors to hospitals, community living centers, senior living facilities, and spinal cords injury and disorder units after a full assessment of the risks and only amid continuing improvement in their part of the country.

State Veteran Home (Oversight & Support)

- PPE and COVID-19 testing has been provided to many SVHs by local VAMCs of jurisdiction or VISNs to assist the SVH.
- Although surveys are essential for continued monitoring, a temporary pause was felt to be in the best interest of Veterans, staff and contract staff to help mitigate potential spread to our most vulnerable population. A total of 46 annual surveys have been postponed. The Director of the VA medical center of jurisdiction will certify a State home based on a survey conducted at least once every 270-450 calendar days, at VA's discretion.
- Changes due to COVID: states do not have to meet 90% occ rate; 75%Veteran/25%NonVet rule waived; 2.9% increase in per diem rates was approved.
- 330 VA staff deployed to State Veterans Homes
- I have called Governors and ask if they need help, but I can't take over their facilities.
- States are asking VA for the right to skip surveys. We are working with the joint commission.

Telehealth Data

- VA's strong foundational investments in telehealth over the past decade have allowed it to rapidly expand delivery of care virtually to support Veterans.
- VA Video Connect has increased volume of heath care visits from 1,868 per day in early March to 14,079 per day in early April.
- In FY20, a large portion of face to face care was transitioned to virtual care, with nearly 87% of all April 2020 outpatient care delivered by either telephone or telehealth.
- Through maximizing the use of virtual care, in April FY20 VHA delivered 73% of the total level of outpatient care (face to face and virtual care combined) delivered in April FY19.\ Tele-ICU carts allow all ICUs in a network to have access to an intensivist-ed care team and 24/7 access to specialist expertise
- 120 carts have been deployed at 42 sites

Tele-Mental Health

- In March, mental health providers completed more than 34,000 VVC, an increase of 70% over February.
- More than 516,700 encounters so far in FY20 – 35,500 more than FY19 total.
- Telehealth group therapy increased 200% in March to over 2,700 visits
- Mental health care and consultation over the phone grew to more than 154,000 appointments, up 280% over February
- Vet Centers held more than 22,000 virtual encounters in March, a 461% increase from February.
- In April there were over 900,000 encounters.
- Thank you to the committee for providing the additional funding to make this possible.

Telework Expansion for VA Employees

- While clinical and IT staff work on the "front lines," many other VA employees are working remotely.
- OIT has doubled capacity for our virtual private network (VPN) gateways and tripled capacity for our Citrix Access Gateway (CAG) to accommodate our remote workforce.
- In April, distinct user connections peaked at 137,925. We have not exceeded capacity.
- OIT's effort to stay ahead of demand has paid off during the pandemic and will benefit the Department post-COVID as well.

Testing

- VA has adequate testing capacity and continues to expand testing, partnering with industry and other Federal agencies to ensure adequate supply.
- As of 5/27/2020, VA has tested 172,046 unique patients, including Veterans, employees, and civilians.
- Testing capacity – 60,000 per week
- Across all testing, 9% have been positive.
- Hub-n-Spoke testing allows VHA to leverage our national system to provide testing across the enterprise.
- VA follows CDC guidance on testing and priority populations.

Timing of Obligations

- We are working with OMB on a potential legislative solution to the issue of timing of obligations.
- VA shifted the practice of obligating at the time of authorization to obligating at the time of payment in the 2019 budget. This was supported by the appropriations committees, OMB, and the agency at the time.
- New legal analysis has determined VA needs legislative language to continue current practice.

Transportation for Veterans

- Through the currently established Beneficiary Travel program, VA provides eligible homebound Veterans with mileage reimbursement, or contracted/non-contracted special mode (e.g. ambulance, wheelchair van) or common carrier transportation.
- Where available, Veterans who are not eligible for Beneficiary Travel are provided transportation services through VA's Veterans Transportation Service (VTS).
- The eligibility requirements for the Beneficiary Travel program, Special Mode Transportation and Veterans Transportation Program did not change as a result of the CARES act.

Workforce

- Anecdotally, the vast majority of VHA facilities are reporting no significant problems regarding staffing, thank you to our work force who have run into harm's way
- VA has activated the Disaster Emergency Medical Personnel System (DEMPS) to deploy existing personnel to reinforce existing staff levels at facilities where needed.
- VA is also using the pay cap waiver authorized under CARES Act. This authority has been critical in keeping VA's frontline workers on the job, providing direct patient care and alleviating their concerns that they would not be paid for work performed due to annual and aggregate pay caps for healthcare workers and support personnel.

From: (b)(6)
Sent: Fri, 15 May 2020 14:48:35 +0000
To: (b)(6) Rychalski, Jon J. (b)(6)
(b)(6) Haverstock, Cathy (b)(6) Tucker, Brooks (b)(6) ;VHA USH Meeting Requests;Powers, Pamela (b)(6) ;MacDonald, Jennifer E. (Physician)
Cc: (b)(6)
Subject: SECVA Phone Call w/Chairwoman Wasserman Schultz
Attachments: 5.25.20 House Approps VA Cemeteries Signed.pdf, Fact Sheet for HAC FINAL 5.26.20.docx, EBS - Wasserman Schultz - 5.27.2020.docx, 20200522 - VA COVID-19 weekly for Hill.pdf

Congress of the United States
House of Representatives
Committee on Appropriations
Washington, DC 20515–6015

May 25, 2020

The Honorable Robert Wilkie
U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

Dear Secretary Wilkie:

We are deeply troubled to learn that Department of Veterans Affairs Cemeteries in Texas and Utah contain graves of German prisoners of war with swastika-adorned headstones and messages honoring Hitler.

Allowing these gravestones with symbols and messages of hatred, racism, intolerance, and genocide is especially offensive to all the veterans who risked, and often lost, their lives defending this country and our way of life. It is also a stain on the hallowed ground where so many veterans and their families are laid to rest. Families who visit their loved ones, who are buried in the same cemeteries with the Nazi soldiers whom they fought against, should never have to confront symbols of hatred that are antithetical to our American values.

VA's decision to leave the swastikas and messages honoring Hitler in place and ignore the calls to take them down is callous, irresponsible and unacceptable. We understand that these cemeteries were not under the jurisdiction of VA at the time these headstones were installed, but now that they are under VA's jurisdiction, there is no excuse for VA to continue to maintain these headstones, instead of replacing them.

VA has claimed in its public response on this issue that they cannot replace these headstones because the National Historic Preservation Act of 1966 requires federal agencies to protect historic resources. That law protects resources of extreme historical significance for, as the statutory text states, "the inspiration and benefit of present and future generations." We should certainly all agree that honoring Hitler on the headstones of German soldiers who took up arms against the United States is not in line with the law's intent.

It is particularly troubling that VA's refusal to replace these offensive headstones comes at a time when documented antisemitic incidents in the United States have reached a new high.

VA has a responsibility to our service members and veterans to treat their burials and final resting places with the utmost respect. VA has acknowledged this responsibility in its own policy on headstone markers, saying "VA will not inscribe any emblem on a headstone or marker that would have an adverse impact on the dignity and solemnity of cemeteries honoring those who served the Nation." There is no question that the swastikas and inscriptions on these specific headstones have an adverse impact in honoring those who served.

While leaving gravestones in VA National Cemeteries unaltered may have been a long-standing bureaucratic policy, that is no excuse for allowing it to continue. We ask that you eliminate this antiquated policy and begin the process for removing these gravestones or having them altered immediately. It is never too late to do the right thing.

Sincerely,

Debbie Wasserman Schultz
Chairwoman
Subcommittee on Military Construction and Veterans Affairs

John R. Carter
Ranking Member
Subcommittee on Military Construction and Veterans Affairs

Nita M. Lowey
Chairwoman
Committee on Appropriations

Kay Granger
Ranking Member
Committee on Appropriations

Fact Sheet
German POW Headstones at
Fort Sam Houston National Cemetery and Fort Douglas Post Cemetery

Headstone Specific Facts:

- The three headstones mark the graves of German Prisoners of War (POW) from World War II. All three include the Nazi swastika embedded in the Iron Cross. Two also includes the following inscription: *"He died far from / Homeland for Führer [Leader, i.e., Hitler] / Folk and Fatherland."*

- Two are located at Fort Sam Houston National Cemetery in San Antonio, Texas and one is in Fort Douglas Post Cemetery in Salt Lake City, Utah.

- Fort Sam Houston National Cemetery is on the National Register of Historic Places (NRHP) and Fort Douglas Post Cemetery (transferred from the U.S. Army to the National Cemetery Administration in December 2019), is part of the Fort Douglas Historic site which is on the NRHP and designated as a National Historic Landmark.

- The three headstones date from the 1940s, when both cemeteries were managed by the Army. In 1940, Fort Sam Houston was the largest Army post in the United States, and it served as a major internment center for prisoners of war during World War II (an estimated 425,000 German prisoners of war resided in 700 camps across the United States).

- Collectively, VA National Cemeteries and Soldiers lots contain the graves of more than 970 foreign POWs - German, Italian and Japanese.

Foreign POWs in VA National Cemeteries:

- The following VA National Cemeteries hold the remains of these foreign POWS:

    - Alexandria National Cemetery in Louisiana (German POWs)
    - Beaufort National Cemetery in South Carolina (German POW)
    - Camp Butler National Cemetery in Illinois (German, Italian and Japanese POWs)
    - Chattanooga National Cemetery in Tennessee (German and Italian POWs)
    - Cypress Hills National Cemetery in New York (Italian POW)
    - Finn's Point National Cemetery in New Jersey (German POWs)
    - Fort Bliss National Cemetery in Texas (German, Italian and Japanese POWs)
    - Fort Custer National Cemetery in Michigan (German POWs)

- Fort Douglas Post Cemetery in Utah (German, Italian and Japanese POWs)
- Fort Lawton National Cemetery in Washington (German and Italian POWs)
- Fort Logan National Cemetery in Colorado (German POW)
- Fort Lyon National Cemetery in Colorado (German POWs)
- Fort Richardson National Cemetery in Alaska (Japanese POWs)
- Fort Sam Houston National Cemetery in Texas (German, Italian and Japanese POWs)
- Fort Sheridan National Cemetery in Illinois (German POWs)
- Golden Gate National Cemetery in California (German and Italian POWs)
- Hampton National Cemetery in Virginia (German and Italian POWs)
- Jefferson Barracks National Cemetery in Missouri (German and Italian POWs)
- Long Island National Cemetery in New York (German and Italian POWs)
- Vancouver Barracks Post Cemetery in Washington (German and Italian POWs)
- Woodlawn National Cemetery in New York (German POW)

Historic Considerations:

- Federal care of the graves of foreign enemy POW's goes back to the turn of the twentieth century. After World Wars I and II, America adhered to the Regulations of the Hague Conventions and Geneva Conventions, respectively, in providing burial services for deceased enemy POWs.

- The National Historic Preservation Act of 1966 (NHPA) assigns stewardship responsibilities to federal agencies, including VA and Army, to protect historic resources. The NHPA does not prevent headstones from being removed and replaced; however, Section 106 of the National Historic Preservation Act requires all federal agencies to consider the effects of their actions on historic properties and to consult with various stakeholders (including state and local governments and interested members of the public) on undertakings that may impact historic properties. An agreement document detailing measures to avoid, minimize, and/or mitigate impacts to historic properties, concludes the Section 106 process.

EXECUTIVE BRIEFING SUMMARY

Chairwoman Debbie Wasserman Schultz
Wednesday, May 27, 2020
8:45 AM Call

May 27, 2020 8:45AM
OM POC: Jon Rychalski, (b)(6)
Driver: Proactive Biweekly Updates
Subject: COVID 19 Response
Participants: Chairwoman Wasserman Schultz, (b)(6) HAC MilConVA Majority Clerk **VA:** SECVA, Dr. Paul Lawrence, Jon Rychalski, Dr. Jennifer MacDonald

PURPOSE OF EVENT/MEETING:

☐ Decisional	☐ Informational	☐ Pre-Event
☐ Remarks	X Other	☐ Courtesy Call

OVERVIEW OF EVENT:

Teleconferences with Member to discuss the Department's response to COVID-19.

Hearing confirmed for May 28, 10:00am

Potential Issues for Discussion

- German POW gravesites
- Hydroxychloroquine guidance (awaiting OGC clearance to send to Subcommittee)
- CARES Act execution

COVID19 Obligations

- $1.95 billion obligated on COVID19 through May 19th
- VHA has onboarded 9,338 new employees between March 29 and April 28th. Strong hiring continues. Just this week, we expect 1,877 new hires.
- We provided the first required monthly obligations and expenditures report earlier this month and will continue to provide staff with data on a weekly basis.
- Funding provided for medical care through supplemental appropriations appears to be sufficient for the immediate health care crisis. The estimates we provided to Congress were based on projections before the impacts of social distancing were seen and felt, but we did see some of those worst-case scenario level situations in parts of the country.
- There were also unanticipated increases to cost of equipment and supplies.
- We are also spending more on State Veteran Homes and nursing homes than anticipated.

- We don't yet know what the impacts of some areas of the country reopening will be on our system.

Does VA have additional funding requirements beyond what was provided in CARES?

- Although current funds are sufficient, we have identified needs in several areas, including:
    - Immediate post-crisis recovery, such as backlogs of burials in NCA and disability claims in VBA that could require additional overtime and other funding.
    - Preparation/hardening of facilities for next crisis given lessons learned from this national emergency, such as converting quad and double bedrooms to singles, expanding negative air pressure rooms.
    - Sustain IT network capacity and telework and telehealth functions until these can be built into the base budget request.
- These are broad areas that were not contemplated in the first submission, but not needed urgently today.
- If additional funding is not provided to VA, some additional transfer authority or flexibility with the CARES Act funding may prove necessary.

Attachments:

- Weekly COVID-19 obligations
- Written Statement – May 28th Hearing
- HAC Letter on German POW gravesites
- NCA fact sheet

Department of Veterans Affairs
Coronavirus Supplementals Appropriations, Obligations, and Paid Expenditures
Data as of 5/19/2020
(Amounts in Thousands)

VA Account	Appropriated	Allocated	Current Total Obligations	Paid Expenditures
CARES Act, P.L. 116-136				
Medical Services	$ 14,432,000.00	$ 14,432,000.00	$ 1,013,506.53	$ 505,293.04
Medical Community Care	2,100,000.00	2,100,000.00	8,589.20	8,589.20
Medical Support and Compliance	100,000.00	100,000.00	24,843.78	13,801.03
Medical Facilities	606,000.00	606,000.00	28,922.11	21,207.82
Medical Care	**17,238,000.00**	**17,238,000.00**	**1,075,861.62**	**548,891.10**
Information Technology	2,150,000.00	2,150,000.00	415,545.94	71,939.27
Veterans Benefits Administration	13,000.00	13,000.00	3,436.03	407.29
State Home Grants	150,000.00	150,000.00	-	-
General Administration	6,000.00	6,000.00	105.55	105.55
Office of Inspector General	12,500.00	12,500.00	-	-
VA Total, CARES Act, P.L. 116-136	**19,569,500.00**	**19,569,500.00**	**1,494,949.14**	**621,343.21**

Families First Coronavirus Response Act, P.L. 116-127				
Medical Services	30,000.00	30,000.00	29,851.10	19,203.13
Medical Community Care	30,000.00	30,000.00	30,000.00	30,000.00
VA Total, Families First Act, P.L. 116-127	**60,000.00**	**60,000.00**	**59,851.10**	**49,203.13**

Early COVID-19 response efforts did not use the correct accounting codes. Corrective accounting actions will reclassify these for future weekly reporting.

Base Funds, P.L. 116-94				
Medical Services			277,187.40	
Medical Community Care			-	-
Medical Support and Compliance			20,743.49	12,460.34
Medical Facilities			93,297.62	35,949.82
James A. Lovell Federal Health Care Center (JALFHCC)			3,795.35	2,401.15
Medical Care			**395,023.87**	**50,811.31**
Information Technology			0.00	
Veterans Benefits Administration			-	-
National Cemetery Administration			1,052.71	308.40
State Home Grants			-	-
General Administration			71.00	1.00
Office of Inspector General			-	-
VA Total, Base Funds, P.L. 116-94	**-**	**-**	**396,147.58**	**51,120.70**

Grand Total, All Funds	**$ 19,629,500.00**	**$ 19,629,500.00**	**$ 1,950,947.81**	**$ 721,667.04**

Information Technology:
Information Technology Funding continues to use COVID-19 supplemental appropriations to bring temporary hiring on-board. Additionally, supplemental funding has been used to support hardware activations to support increased telework and telemedicine; and cyber security.

Veterans Health Administration:
As noted above, accounting corrections will transfer previous obligation against base funding to the COVID-19 supplemental funding, VHA has spent:

• $201.54 million for grants to homelessness service providers for Supportive Services for Veterans Families (SSVF) and $5.718 million in per diem grants for care of Veterans in state homes.
• $50.150 million for employee uniforms and protective clothing to include: cost of uniforms issued to operating personnel; and items purchased for use as protection against infection, contamination or injury to a person.

Veterans Benefits Administration:
As noted above, accounting corrections will transfer previous obligation against base funding to the COVID-19 supplemental funding, VBA has spent:

• $51.1 thousand on travel repatriating staff and their families from Manila and paying per diem;
• $4.02 million on supplies (bulk procurements of plexiglass shields, hand sanitizers, masks, gloves, disinfectant wipes, etc.); and
• $671.5 thousand on facilities deep cleaning.

Office of Inspector General:
Office of Inspector General has been reporting COVID-19 related obligations independently. These costs will be included in future weekly and monthly reports.

From: (b)(6)
Sent: Wed, 20 May 2020 19:51:33 +0000
To: (b)(6) Stone, Richard A., MD;Lawrence, Paul R., VBAVACO;Rychalski, Jon J.;Duke, Laura;(b)(6) VBAVACO;(b)(6) (b)(6) Murray, Edward(b)(6) (b)(6) ;Tucker, Brooks;Syrek, Christopher D. (Chris);Powers, Pamela;Haverstock, Cathy;Johnson, Glenn;(b)(6) (b)(6) (b)(6) (VACO)
Cc: (b)(6) VBAVACO;(b)(6) VBAVACO;(b)(6) VBAVACO
Subject: SECVA Budget Hearing Prep: SVAC June 3rd hearing
Attachments: SVAC VA Budget Hearing invitation June 3.pdf, Hearing Bingo Chart budget 2021.docx, COVID Bingo Chart 6.2.2020.docx, SVAC - Wilkie - FY 2021 Budget Testimony - 6.3.2020 final.docx, Member Issues - June 3rd SVAC Budget Hearing.docx

This prep will be virtual participation only.

Attached:
Final written testimony
Budget Bingo Chart
COVID bingo chart
Member issue and attendance

Wednesday, June 3, 8:30-10AM

1. Homelessness Programs Update
2. Review any remaining outstanding due outs, unresolved questions
3. Additional member issues
4. News clips/hot issues

United States Senate

COMMITTEE ON VETERANS' AFFAIRS
WASHINGTON, DC 20510

May 14, 2020

The Honorable Robert L. Wilkie
Secretary of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Mr. Secretary:

I write to invite you to testify at a hearing before the Committee on Veterans' Affairs on June 3, 2020, at 3:00 p.m. in room 106 of the Dirksen Senate Office Building. The purpose of this hearing is to review the President's fiscal year 2021 budget for the Department of Veterans Affairs, including the fiscal year 2022 Advance Appropriations request. We will also discuss the supplemental appropriation for fiscal year 2020 provided in the CARES Act.

In order to leave sufficient time for follow-up questions and discussion, I ask that your oral statement be limited to no more than five minutes. Your written statement will be printed in full in the record of the hearing. Guidance on submitting testimony and a description of Committee practices can be found in the enclosed witness information sheet.

I look forward to receiving your testimony. If you or your staff have any questions or would like additional information, please contact David Shearman of the Committee Staff at david_shearman@vetaff.senate.gov.

Sincerely,

Jerry Moran

Jerry Moran
Chairman

Enclosure
cc: The Honorable Jon Tester

2021 Budget Request	Medical Care	Customer Service	MISSION Act	EHRM	Business Transformation
• $243.3B total • $109.5B discretionary, 14.1% increase • $133.8B mandatory, 7.3% above 2020 • Supports 404,935 FTE; 15K increase with 14K in medical staff	• $94.5 (including collections), 12.9% increase over 2020 • $2.3B second bite • Provides funding for treating 7.2 million patients in 2021 • 352,093 FTE for VHA, an increase of 14,185 (4.2%) over 2020. Over 7,000 of these are clinical	• Prime directive • $11.5M in direct funding for VEO • Today, 87.78 % of Veterans trust the VA health care they receive. • VFW survey: 90% said they would recommend VA care to other Veterans. • 91% have high satisfaction with Telehealth visits	• Budget request fully supports continued implementation of MISSION • 5,000 Veterans per week using urgent care benefit • In FY 2019, VA completed more than 59.9 million internal appointments – a record high and about 1.7 million more than the year before • Launched scholarship pilot program – in 2020, this will welcome 18 Veteran medical students at 9 universities across the country	• $2.6B, a $1.2B or 82% increase over 2020. • Funding supports accelerated deployment of Centralized Scheduling Solution (CSS) and full EHR solution implementation to sites in VISNs 20, 22, 21 and 7 • Work on mission continues -- • JHIE went live on April 18 • National standard design/build reached over 99%/Completed all 73 interfaces for Go-Live at Mann-Grandstaff • OEHRM is prepared for CSS implementation in Columbus, OH and the full EHR solution in the Pacific Northwest	• FMBT: $221M ($111.1 IT funds, $13.9M Gen Ad, and $26.2M through Supply Fund) • Supply Chain Transformation: Includes $111.5M. VA will transition to LogiCole on an enterprise-wide basis. Piloting at Lovell FHCC and initial EHRM IOC sites. Proven system developed by DoD.
Accountability	**Agent Orange**	**Animal Research**	**Appeals**	**Blue Water Navy**	**Caregivers**

• $26.5M, increase of $4.3M (18%) for OAWP
• 11 additional FTE
• Commitment to improving performance and accountability of our senior executives
• In FY 2019, OAWP received 2,951 submissions, conducted approximately 167 investigations, and monitored approximately 551 investigations
	• VA has previously established presumption of service connection for 14 diseases associated with Agent Orange exposure.
	• Looking to the results of VE-HEROeS study and Vietnam-era Veteran Mortality Study
	• Soonest I would be able to consider addition of new presumptive conditions is late 2020
	• As of May 2019, 45% of living, in-country Vietnam Veterans were on the compensation rolls, and 28% of living, in-country Vietnam Veterans had an AO presumptive condition.
		• Proactive efforts to reduce, replace, and refine the use of canines in research
		• In FY2020, the National Academy of Science will complete independent evaluation of VA's use of canines in research
		• Some questions cannot be addressed other than by research with animals
		• VA has expanded the extensive review process already in use for proposed canine studies to include felines and non-human primates, as required by the 2020 approps.
		• 2,000 dogs a day are euthanized in shelters in America, VA euthanized 31 last year.
			• $198M for BVA, 14% increase
			• Sustains 1,161 FTE
			• In 2019, the Board issued a record number of appeals decisions (95,089)
			• $24M increase in net budget authority to addressing pending inventory; improve deliver and access to Veterans with virtual hearings, VETText
				• BWN Act effective Jan 1, 2020, VA began processing claims that day
				• Request includes $137M to sustain 691 FTE including dedicated team of experts to prepare and process claims
				• In FY21, VA expects to receive 70,000 BWN claims and appeals.
				• As of 20 Feb 2020, VA has received over 36,000 potential BWN claims and paid $105 million in retroactive benefits to more than 3,000 Veterans and their survivors.
					• $1.2B in 2021, $485 million above FY 2020 ($650 million for expansion)
					• Over 40,000 family caregivers have participated in PCAFC since the program began in May 2011
					• MISSION Act expansion in 2 phases:
					  ○ Phase 1: Vietnam and pre-Vietnam era Veterans (injured on or before 05/07/1975)
					  ○ Phase 2: Not more than 2 years after all eras
					• In the process of hiring inter-professional Centralized Eligibility and Appeals Teams (CEATs) located at each VISN

Caregivers (continued)	**Claims Processing Inventory**	**Community Care Spending**	**Forever GI Bill**	**For Profit Schools/90-10 Rule**	**Geriatrics/Long-Term Care**
• As of May 2020, hired over 590 of 680 new staff (86%) • IT system is on track to be deployed/certified in late summer/early fall 2020 • The public comment period closed on May 5, 2020. A total of 273 comments received (14 were organizational comments). • VA is now working with OMB for publishing of the Final Rule (tentative late summer/early fall 2020)	• As of 5/21/20: 108,474 rating claims pending over 125 days. Total inventory 369,611. • 237K claims in our inventory (65%) are impacted by COVID-19 and the inability to schedule/hold examinations to complete claims. • Strive to complete rating claims < 125 days. FYTD through 5/21: VBA processed 70.5% of rating claims within 125 days. VBA is completing claims by telehealth exams or ACE as we can, but others are aging, will cause this value to deteriorate as we resume exams and begin to complete or oldest pending claims.	• $18.5 billion in 2021, an increase of $1.4 billion above the advance appropriation. • Funds non-VA provided medical claims and grants for state home nursing, domiciliary and adult day care services. • The $1.4 billion second bite supports updated community care projections based on 2019 actuals and network contract modifications. • 880,000 providers enrolled in network.	• Increase for VBA of $20.5M as a result of the Colmery Act. • 32 of 34 provisions have been implemented • Sec. 501 retroactive payments = 850k records • Underpaid: 3k claimants= $2.3M • Overpaid: 251k claimants= $97M • No impact: 590K claimants	• Under current structure, some institutions may be targeting Veterans because the benefits count as private funds. • VA believes institutions should not aggressively recruit Veterans principally because of financial motives. • Modifications to the 90/10 rule could provide additional tools to assist VA and Education in monitoring and oversight, but changes could also impact some schools' eligibility • Ashford University- 71 of 91 programs approved.	• The number of Veterans with greater than 70% service-connected disability will double in the next 10 years, potentially doubling nursing home costs. • Recommendations are underway for cost-impacting initiatives. • VA is aware of and watching the cost of geriatric services. For example utilization of institutional care is expected to increase by 39% between 2018 and 2030; Utilization of personal care services by more than 50%, and Home-Based Primary care by 45%.

Homelessness

- $1.9B for homeless programs (+$70M)
- $388M for SSVF grants
- In the last 2 FYs, VA has helped 125K Veterans and families by housing them or preventing homelessness
- 78 communities and 3 states have effectively ended homelessness
- Unused HUD vouchers largely due to high-cost areas – and lack of case workers

IT Modernization

- IT $$$: $4.9B (+540M, or 12.4%)
- Focus on infrastructure, cloud migration, cyber security, decommissioning legacy systems, recruiting workforce
- Challenge: substantial deficits in IT infrastructure plus rapidly emerging requirements for MISSION, including Caregiver expansion, Colmery Act.
- Coding challenges and compressed timeframes mandated by complex legislation can be very costly.
- To address longstanding IT infrastructure challenges, we have created an **Infrastructure Readiness Program.** $173M in 2020, $221M in 2021.
- VA's IT budget amongst the lowest in comparison to agency total discretionary spend.

Legislative Proposals

- Supportive services for suicide prevention
- SES-EQV technical fix for compensation for Medical Center and VISN directors
- Amend MST treatment authority to improve access and ensure continuity of care

Market Assessments

- 96 markets – plan for developing a high performing network to best serve Veterans – including services, system footprint, capital investments, divestments, leasing, and partnerships
- Site visits complete for phase 2 in VISNs 1, 10, 12, 15, 19, 23
- Standard time for facility site visit is one 12-15 hour day
- I do not plan to release individual market assessments until all of the work is completed.

Mental Health

- $10.2B for mental health; $683M increase over 2020 estimate
- Growing Demand: 1.8M Veterans (29% of all VHA users) received mental health services in a VHA facility in 2019
- In 2019, VA hired 1,000 additional mental health providers

Military Sexual Trauma

- All Veterans seen for health care are screened for MST.
- Eligibility for MST-related care is expansive
- MST coordinator at every VA health care system
- No documentation of the MST required to receive free MST-related treatment
- In FY 2019 30.6% of female Veterans and 1.7% of male Veterans seen at a VA facility had reported a history of MST
- In FY 2019 there has been an 11% increase over FY 2018 in MST related outpatient visits.
- Since VHA began systematic MST monitoring in FY07 there has been a 344% increase in the number of female Veterans and 256% increase of male Veterans receiving MST related outpatient care.

NCA

- 360M for NCA, increase of $32M or $9.8%
  Four new cemeteries planned for FY 2021 (columbaria-only in New York, NY & Indianapolis, IN; national cemeteries in Cheyenne, WY & Cedar City, UT

Network Adequacy

- Access standards were eligibility criteria developed for VA care and driving improvement in VA. The requirements in the contracts were developed before MISSION and were based on urban rural, and highly rural areas.
- There are more than 880,000 active providers in the network
- CCN:
  - Region 1 - ~167,000
  - Region 2 - ~91,000*
  - Region 3 - ~38,000*
    * = these regions are still deploying

Opioid Reduction

- $504M, $79M increase over FY 2020, for reducing over reliance on opioids
- $121M for CARA programs to better identify, prevent, and mitigate risks
- We perform PDMP check 81% of the time when prescribing opioids for >5 days
- We perform annual PDMP checks 89% of the time for patients on long term opioids.
- VA has received regulatory authority to assert federal supremacy access for practitioners and delegates to state run drug monitoring programs – Delegate access is critical to ensure VA's ability to maintain compliance

Prompt Payment

- Since MISSION was implemented, through May 21, we have processed 22 million claims and disbursed $6.9 billion in payments.
- Current outstanding claims – both current and aged – totals 2M claims and $5.1 billion dollars.
- We have driven down the overall claim inventory from a peak of 3.5M in February 2020 to below 2M in May 2020
- Auto-adjudication rates have doubled over the past quarter and provide decisions within 2 days for 30% of all inbound claims
- Our goal: fix this so you do not have to hear from providers going forward.
- Optum and TriWest are paying 57% of all provider claims within seven days

Sexual Harassment

- Harassment and assault of any kind is NOT TOLERATED at VA.
- Dr. Stone has hired a new leader at VHA that will focus solely on this ongoing culture change.
- We are designing and incorporating new bystander training to empower Veterans and staff to report problems and intervene if necessary.
- My job is to ensure EVERY Veteran feels safe at VA

Suicide Prevention

- $313M for suicide prevention programming, $76M over 2020
- $53M to supports activities related to the VA-led Presidential task force PREVENTS to coordinate suicide prevention efforts
- This total does not include funding for grants
- Public health approach combining community prevention strategies with expansion of evidence-based clinical interventions
- 17 a day, 11 not in VHA care within the year of their death or the year prior
- Senators Sullivan (AK) and Manchin (WV) are the only Senators who recorded PSAs.
- Proposal to do 3-digit nation wide suicide crisis line – 988#.
- PREVENTS seeks to do more to address problem at a national level – not just Veterans.

Telehealth

- $1.3B in 2021, $271M or 25% increase over 2020 current estimate
- MISSION Act helps with authority to cross state lines
- FY 2019: more than 900,000 Veterans had one or more telehealth episodes of care
- Goal=increase to 20% of Veterans
- By end of FY20 all PCP and mental health providers will be able to deliver care to patients, via mobile, web-based device.
- >99K Veterans used VA Video Connect for an appointment at home or location of their preference, eliminating a trip to a VA facility. This represents 246% growth over the number of participating Veterans (28,658) in FY18
- VA was able to modernize bandwidth at 345 of 414 locations to make telehealth expansion possible.

Women Veterans

- $626M for gender specific care, $53M increase over FY 2020
- $50M initiative in 2021 to enhance services and access for women.
- Women Veterans are choosing VA for their healthcare more than ever before. Women Veterans using VHA has tripled since 2000, from 159,810 to 510,000 today.
- VA now has at least 2 Women's Health Primary Care Providers at each health care facility, and since 2008, over 7K providers and nurses have been trained
- VA tracks quality by gender, and unlike other health care systems, has been able to reduce or eliminate gender disparities in important aspects of health screening, prevention, and chronic disease management.
- VA and DoD are now offering specialized Women's Health Transition training for servicewomen transitioning to civilian status. In person training available to 68%, virtual for other 32% by end of FY 2020
- 84% approval rate for women Veterans.

CARES Act

- Supplemental funding of $19.6B for VA response to coronavirus. Includes:
  - $17.2B for VHA
  - $2.15B for IT
- Included funding above request for homelessness, CLCs, State Home Construction Grants, and Non-Recurring Maintenance
- Pay cap waiver for VA employees
- Allows for short term telecoms contracts for telehealth expansion
- VA *may* to provide PPE to State Veteran homes.
- Family First legislation also provided $60M to VHA for COVID testing and copays

CARES Obligations

- VA has obligated a total of $1.49B of the CARES Act funding as of May 19, 2020.
- $1.01B in medical services, including $200M in additional SSVF grant funding.
- $46 million for drugs and medicines used for prevention, diagnosis, research, or treatment of disease; antigens, allergens, vaccines, other biological products; anesthetics and medical or surgical gases.
- $416 million in OIT funds, mostly for expanding telework and telehealth capacity.

COVID19 Infection Data

COVID Veteran Numbers

- Veterans Positive: 12,218 (as of 6/2)
- Active cases: 1,281 active infections
- 79% are over 14 days past their last positive test
- Veteran Patients in ICU: 170
- Veteran Patients in Acute Care: 378
- Veteran Patients Outpatient: 879
- Veterans Deceased: 1,210
  - Death occurred at a VA Facility: 719
  - VA notified of death but it occurred elsewhere: 491

VHA Employees (Self-Reported as of 6/1)

- Active Employees Positive: 1,124
- Clinical Staff Quarantined: 959
- Non-Clinical Staff Quarantined: 583
- Employees Deceased: 32 (as of 6/1)

Community Living Centers

- Due to recent increases in testing kits and reagents for COVID19, VHA has the ability to implement population-based, baseline testing of all Veterans and staff in CLC and SCI/D units.
- This includes all patients proposed for admission to a CLC or SCI/D Center. The memorandum further addresses actions to be taken prior to completing baseline testing, as well as following completion of this baseline testing.

Contractors

- The CARES Act provided authority to pay federal contractors who were not able to perform their duties due to lack of access to facilities because of COVID-19.
- VA issued supplemental guidance to the govt wide guidance on April 30 to keep contractors vital to VA mission ready.

EHRM

- To prioritize the health and safety of our Veterans and front-line staff, the OEHRM continues assessing methods to continue non-intrusive work with VA facility staff to respect and support increased patient demand and staffing requests.
- When facility access is permitted, OEHRM is prepared to continue the Electronic Health Record Modernization (EHRM) effort in the Pacific Northwest, at VA's initial operating capability sites, and to advance preparations for the Centralized Scheduling Solution implementation in Columbus, OH.
- The electronic health record (EHR) national standard design and build reached over 99% completion toward meeting the needs of clinicians who require training for the new system.
- OEHRM completed interface design, build, connectivity and technical testing for all 73 interfaces required to support Go-Live for VA's new EHR solution.

Fourth Mission

- FEMA the lead agency directing the federal response to COVID-19.
- MISSIONS: VA has accepted 45 MISSION assignments (as of 6/2) providing a range of support, from ICU beds, staffing, training, testing, and nursing home augmentation. 31 are ongoing.
- VA has provided support to 46 states.
- 294 staff deployed to Community Nursing Homes; 330 staff deployed to SVH.

FEMA Reimbursement

- Locations where FEMA Mission Assignments (MA) for health care services are in effect: care is billed directly to FEMA at the VHA Managerial Cost Accounting National Daily Rate; FEMA then reimburses VA.
- Non-FEMA MA locations: Patients are charged the Humanitarian/ineligible rate however billing to these patients is currently on hold unless the Humanitarian patient has billable health insurance. In these cases, VA is billing the patient's insurance and holding unpaid balances pending further guidance.

GI Bill Updates

- Authority to treat education programs converted from resident to distance learning by reason of emergencies or health-related situations like COVID-19
- Work study payments continue if work impacted; Continue payments for 4 weeks if school closed or training suspended; restoration of entitlement if lost credit or training time due to closure or suspended training.
- Pandemic further exposes limitations of EDU legacy IT systems present to our ability to effectively administer the GI Bill and identify, track, and report on impacted schools and students
- VET TEC funding on track to exhaust by end of May – 353 students enrolled in April and trend continues - Subject by law to a $15 million annual budget.

Hiring

- VA has been bringing on new personnel at a record pace to bolster staff at its facilities. Between March 29 and now, VA hired 16,202 medical staff, including 3,130 registered nurses and 341 physicians.
- Recruitment is occurring for both short-term (120 day) appointments and permanent positions.
- OPM support to COVID response:
  - Waived salary off set for re-employed annuitants
  - Approved Direct Hire Authority for critical COVID response positions (health aide, food service worker, industrial hygienist, etc)
- Expanded our recruitment efforts on USAJobs portal

Homelessness Funding

- $300M additional funding to support Homeless Veterans. VHA chose to fund programs with existing funding mechanisms and authorities allow for provision of emergency services:
  - Supportive Services for Veteran Families (SSVF) – to fund emergency housing, HUD-VASH transition in place vouchers, and homeless prevention
  - Grant and Per Diem (GPD) – CARES Act waives cap of $49.91 per day – VHA will raise this $149.73 (3x the original amount to pay for needed goods/housing
  - Health Care for Homeless Veterans (HCHV) – providing emergency shelter or isolation w/ rehabilitation

Increasing Capacity

- VA has expanded bed capacity by more than 3,000 ICU and Medical/Surgical beds across the system. VA had the capacity to take in 12,215 critical and non-critical patients, up from 9,840 in March.
- VHA ceased non-urgent elective procedures by March 18, 2020. This action reduces unnecessary hospitalizations and ICU utilization and will free up resources to address COVID-19, if needed.
- This early preparation has allowed VA's overall occupancy rates to remain steady at 35-40% nationwide in both acute care and intensive care units (ICUs), well below the crisis capacity levels that some feared as the virus spread.

IRS Stimulus Payments

- VA provided IRS with payment information on nearly 5.7 million beneficiaries (Veterans and survivors)
- Over 395K Veterans and survivors received $475 million in economic impact payments
- Dependent info was not shared because VA defines dependent differently than IRS
- Still working data sharing for Veterans and survivors living overseas, including in a US territory
- Fiduciary payments- Data was shared with Treasury, payments scheduled in the very near future.

IT Investments

- VA rapidly shifted a large portion of its workforce to telework, expanded telemedicine offerings, accelerated facility activations, and effectively onboarded over 15,900 new accounts for VHA, ensuring they were ready for work on day one.
- We have recorded a 653 percent increase in Unique Veteran Patients using telehealth
- VA OIT has supported an overall 852 percent increase in total monthly VA Video Connect visits from January-April
- As of May 26, VA OIT has shipped 16,652 laptops and 7,612 iPhones, based on the needs and priorities of the administrations

Medications (Hydrochloroquine and Remdesvir)

- Hydroxychloroquine is not an "experimental drug" - it has been in use for years to prevent or treat malaria, lupus, rheumatoid arthritis and related conditions in both VA and in the civilian sector. Many of us may have taken it as part of your service overseas.
- We want our providers to have access to all the tools and all treatments available.
- VA is participating in some of the many clinical trials (sponsored by NIH, industry and others) testing drugs like chloroquine, hydroxychloroquine and azithromycin in which participants including Veterans agree to participate.
- Off label use is legal, and studies are authorized by FDA, and we are taking guidance from the FDA and Dr. Fauci.
- Hydroxycholorquine is one of the 128 most used drugs in America.
- Hydroxychloroquine doses for rheumatoid arthritis, lupus, etc: 42,000/day or ~300K a week.
- By contrast, during the week of May 17th, 3 Veterans were treated with this drug for COVID-19.

Mental Health

- VHA has been working to rapidly identify and address key mental health and suicide prevention strategies to support Veterans, VHA providers, and in the community during the pandemic
- Research suggests that the loss of social support and periods of economic uncertainty are associated with increased use of substances and potential for emergent substance-related concerns. Research suggests that pandemics may be associated with higher rates of suicide in older adults.
- The Veterans Crisis Line (VCL) has also continued execution of its mission in face of increasing demand and potential risks for staff who work in close physical proximity. VCL has partnered with other VA/VHA call centers to facilitate the management of COVID-19 related calls and is adding a peer-support capability to provide follow-up calls to targeted callers.

Protective Measures

- Our priority is to protect everyone who gets care, visits or works at one of our facilities.
- VA's stock of medical supplies remains robust with millions of N95 masks on hand, along with plenty supplies of hand sanitizer, gloves, gowns and eye protection.
- April 30 VA took possession of another 4.5 million masks the department purchased with the aid of New Hampshire Gov. Chris Sununu and inventor Dean Kamen who helped facilitate the medical supplies being flown to his home state in the face of this crisis.
- VA also had 1,961 ICU ventilators on hand as of May 22, along with 803 transport ventilators and 1,229 anesthesia machines.
- We have experienced a low infection rate across our workforce and low absentee rates of staff, so we think our approach is working.

Reconstituting VA/Way Forward

- VA will follow a 3-phase plan for resuming regular operations at its medical centers, benefit offices and national cemeteries in a post-COVID-19 setting.
- Under VA's plan, conditions on the ground will determine how quickly each facility resumes normal operations, and each phase of the plan is aimed at making sure that Veterans' safety comes first.
- Phase 1: conditions include falling numbers of patients exhibiting COVID-19 symptoms, reduced numbers of people testing positive for the virus, and increased testing capacity.
- Phase 2: resumption of services that have been postponed, again as deemed possible based on local conditions, and subject to safety protocols deemed as necessary by local staff.
  In Phase 3, allow visitors to hospitals, community living centers, senior living facilities, and spinal cords injury and disorder units after a full assessment of the risks and only amid continuing improvement in their part of the country.

State Veteran Home (Oversight & Support)

- PPE and COVID-19 testing has been provided to many SVHs by local VAMCs of jurisdiction or VISNs to assist the SVH.
- Although surveys are essential for continued monitoring, a temporary pause was felt to be in the best interest of Veterans, staff and contract staff to help mitigate potential spread to our most vulnerable population. A total of 46 annual surveys have been postponed. The Director of the VA medical center of jurisdiction will certify a State home based on a survey conducted at least once every 270-450 calendar days, at VA's discretion.
- Changes due to COVID: states do not have to meet 90% occ rate; 75%Veteran/25%NonVet rule waived; 2.9% increase in per diem rates was approved.
- 330 VA staff deployed to State Veterans Homes
- I have called Governors and ask if they need help, but I can't take over their facilities.
- States are asking VA for the right to skip surveys. We are working with the joint commission.

Telehealth Data

- VA's strong foundational investments in telehealth over the past decade have allowed it to rapidly expand delivery of care virtually to support Veterans.
- VA Video Connect has increased volume of heath care visits from 1,868 per day in early March to 14,079 per day in early April.
- In FY20, a large portion of face to face care was transitioned to virtual care, with nearly 87% of all April 2020 outpatient care delivered by either telephone or telehealth.
- Through maximizing the use of virtual care, in April FY20 VHA delivered 73% of the total level of outpatient care (face to face and virtual care combined) delivered in April FY19.\ Tele-ICU carts allow all ICUs in a network to have access to an intensivist-ed care team and 24/7 access to specialist expertise
- 120 carts have been deployed at 42 sites

Tele-Mental Health

- In March, mental health providers completed more than 34,000 VVC, an increase of 70% over February.
- More than 516,700 encounters so far in FY20 – 35,500 more than FY19 total.
- Telehealth group therapy increased 200% in March to over 2,700 visits
- Mental health care and consultation over the phone grew to more than 154,000 appointments, up 280% over February
- Vet Centers held more than 22,000 virtual encounters in March, a 461% increase from February.
- In April there were over 900,000 encounters.
- Thank you to the committee for providing the additional funding to make this possible.

Telework Expansion for VA Employees

- While clinical and IT staff work on the "front lines," many other VA employees are working remotely.
- OIT has doubled capacity for our virtual private network (VPN) gateways and tripled capacity for our Citrix Access Gateway (CAG) to accommodate our remote workforce.
- In April, distinct user connections peaked at 137,925. We have not exceeded capacity.
- OIT's effort to stay ahead of demand has paid off during the pandemic and will benefit the Department post-COVID as well.

Testing

- VA has adequate testing capacity and continues to expand testing, partnering with industry and other Federal agencies to ensure adequate supply.
- As of 5/28/2020, VA has tested 179,287 unique patients, including Veterans, employees, and civilians.
- Testing capacity – 60,000 per week
- Across all testing, 9% have been positive.
- Hub-n-Spoke testing allows VHA to leverage our national system to provide testing across the enterprise.
- VA follows CDC guidance on testing and priority populations.

Timing of Obligations

- We are working with OMB on a potential legislative solution to the issue of timing of obligations.
- VA shifted the practice of obligating at the time of authorization to obligating at the time of payment in the 2019 budget. This was supported by the appropriations committees, OMB, and the agency at the time.
- New legal analysis has determined VA needs legislative language to continue current practice.

Transportation for Veterans

- Through the currently established Beneficiary Travel program, VA provides eligible homebound Veterans with mileage reimbursement, or contracted/non-contracted special mode (e.g. ambulance, wheelchair van) or common carrier transportation.
- Where available, Veterans who are not eligible for Beneficiary Travel are provided transportation services through VA's Veterans Transportation Service (VTS).
- The eligibility requirements for the Beneficiary Travel program, Special Mode Transportation and Veterans Transportation Program did not change as a result of the CARES act.

Workforce

- Anecdotally, the vast majority of VHA facilities are reporting no significant problems regarding staffing, thank you to our work force who have run into harm's way
- VA has activated the Disaster Emergency Medical Personnel System (DEMPS) to deploy existing personnel to reinforce existing staff levels at facilities where needed.
- VA is also using the pay cap waiver authorized under CARES Act. This authority has been critical in keeping VA's frontline workers on the job, providing direct patient care and alleviating their concerns that they would not be paid for work performed due to annual and aggregate pay caps for healthcare workers and support personnel.

STATEMENT OF
THE HONORABLE ROBERT L. WILKIE
SECRETARY OF VETERANS AFFAIRS
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
BUDGET REQUEST FOR FISCAL YEAR 2021

JUNE 3, 2020

Good afternoon, Chairman Moran, Senator Tester, and distinguished Members of the Committee. Thank you for the opportunity to testify today in support of the President's Fiscal Year (FY) 2021 Budget for the Department of Veterans Affairs (VA), including the FY 2022 Advance Appropriation (AA) request. I am accompanied today by Dr. Richard Stone, Executive in Charge, Veterans Health Administration (VHA); Dr. Paul Lawrence, Under Secretary for Benefits, Veterans Benefits Administration (VBA); and Jon Rychalski, Assistant Secretary for Office of Management and Chief Financial Officer.

I begin by thanking Congress and this Subcommittee for your continued strong support and shared commitment to our Nation's Veterans, especially during this extraordinary response to the Coronavirus pandemic. From the start VA took an aggressive posture to protect our patients from COVID-19, and our staff has worked tirelessly to continue and carry it out, with great success. We have diagnosed more than 12,000 Veterans with a positive test for the Coronavirus, but more than 9,400 percent of them are 14 days past a positive test. We're treating about 1,400 patients for the virus today. I am proud to report that we are adequately stocked with supplies, including at least two weeks' worth of N95 masks and other Personal Protective Equipment (PPE) for our health care staff. We do not have any major staffing problems to report and, in fact, our attendance has been better this year than over the same period last year, a sign of a very dedicated workforce. Overall, our infection rate among VA staff is incredibly low, less than one half of one percent. To add support, we have greatly expedited the hiring process and brought on more than 10,000 health care staff in an effort to stay ahead of the problem.

I want to thank the Congress for the $19.6 billion in supplemental funding provided in the Coronavirus Aid, Relief, and Economic Security (CARES Act) to address this crisis. This funding has provided us with the means to protect Veterans, including those most vulnerable, our employees, and our citizens during this historic crisis. This includes $17.2 billion for VHA, where money is being used to hire new staff and make sure existing personnel have the resources they need to deal with the evolving needs of the pandemic. The funding has also been used to add beds, provide overtime pay and purchase needed supplies such as ventilators, pharmaceuticals, and personal protective equipment

Returning to the subject of today's hearing, with the funding provided by Congress, VHA provides high quality health care services to 9.3 million enrolled Veterans; VBA provides educational benefits for over 900,000 beneficiaries and guaranteed over 624,000 home loans; and our National Cemetery Administration (NCA) will inter an estimated 137,600 Veterans and care for over 4 million gravesites in our 156 sacred National Cemeteries. We are on the other end of the national security continuum, as we take care of those who have already borne the battle, and I continue to believe this is one of the noblest missions in government.

Progress

Solid progress on some of the most transformational initiatives in VA's history has taken place in the last 18 months, with the result being a string of wins that puts Veterans front and center where they belong.

One of our most notable accomplishments is the near-flawless implementation of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 signed into law by President Trump in 2018, giving Veterans real choice over their health care decisions. Emboldened by predictions of an imminent VA system collapse, we effectively rolled out this landmark legislation with no disruption to Veteran care. Less than 5 months after the rollout of the VA MISSION Act's community care provisions, VA had made more than 2.2 million referrals to community care. In addition, we implemented a new urgent care benefit and more than 90,000 urgent care visits had been completed in the same timeframe, and it is only becoming more popular with Veterans. In October 2019, eligible Veterans sought more than 5,000 urgent care visits each week, thanks to the 6,400 local urgent care providers that have contracted to provide this benefit for VA. During the COVID-19 pandemic, with large segments of the private sector health care system at limited capacity or closed, VA has been able to ensure approximately sixty percent of our referrals to community network providers were fulfilled.

Success with the VA MISSION Act had tremendously positive second and third order effects. Because Veterans like what they see, VA is delivering more care overall than ever before. In FY 2019, VA completed more than 59.9 million internal episodes of care – a record high and about 1.7 million more than the year before. Even better, Veterans' overall trust in VA now sits at 80 percent, as compared to 55 percent in 2016. Statistics show:

- Eighty-nine percent of Veterans now trust the VA health care they receive;
- In a recent Veterans of Foreign Wars survey, nearly three quarters of respondents reported improvements at their local VA; and
- More than 90 percent said they would recommend VA care to other Veterans.

We expanded other venues of care for Veterans as well. VA is a leader in using telehealth technology to diagnose and treat Veterans remotely, by connecting Veterans with health care providers electronically, sometimes in their own homes. In FY 2019,

VA exceeded 2.6 million telehealth episodes of care to more than 900,000 Veterans. To increase access to telehealth services, VA has established multiple innovative agreements for 'Anywhere to Anywhere' connected care programs with Walmart, Philips, T-Mobile, Sprint, TracPhone SafeLink, and Verizon. These partnerships give Veterans who may need help with Internet service more options to connect with VA health care providers through video telehealth.

We have also tackled some of our most pressing social issues: opioid use disorder (OUD), homelessness, and a regrettable scourge on our society: suicide.

President Trump's 2018 Initiative to Stop Opioids Abuse and Reduce Drug Supply and Demand directly contributed to a 19 percent reduction in the number of patients receiving opioids nationwide. Overall, since the President took office, there has been a 35 percent decline in Veterans being dispensed an opioid from a VA pharmacy.

VA has achieved impressive results in fighting Veteran homelessness by working with local governments, companies, and other stakeholders. In FY 2018, the total number of Veterans experiencing homelessness decreased 5.4 percent, and in 2019, that number dropped another 2.1 percent. As of February 2020, VA has served over 200,000 Veterans and their families by housing them or preventing them from becoming homeless. Thanks to these partnerships, we've seen 78 communities and 3 states effectively end Veteran homelessness.

The success of these partnerships suggests it's a good way to reduce Veteran suicide, and so VA adopted a public-health approach to suicide prevention, which focuses on equipping communities to help Veterans connect with local support and resources. The public-health approach is central to VA's first ever National Strategy for Preventing Veteran Suicide, which was published in 2018, as well as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) Executive Order (EO) 13861. PREVENTS aims to bring together stakeholders across all levels of government and the private sector to address the national suicide epidemic and provide our Veterans with the specific mental health and suicide prevention services they deserve.

Our recent successes reveal the magnitude of change occurring at VA. But it is only part of the story because we have even more fundamental changes to how VA operates on the cusp of deployment. VA is on the verge of delivering the Centralized Scheduling Solution (CSS) at Chalmers P. Wylie VA Ambulatory Care Center in Columbus, Ohio and VA's new electronic health record (EHR) solution at Mann-Grandstaff VA Medical Center (VAMC) in Spokane, WA, followed by VA Puget Sound Health Care System (HCS) in Seattle and American Lake, WA. Congress has made it clear, and I have always maintained, that we not rush to implement a new EHR at the sacrifice of the quality patient care we promised and are committed to delivering to our Veterans and other beneficiaries. To prioritize the health and safety of our Veterans and front-line staff, the Office of Electronic Health Record Modernization (OEHRM) is responding to changing conditions at VA facilities and changing priorities for the

Department. OEHRM is working to be as non-intrusive as possible to ensure that facility staff are equipped to respond to increased patient demand and staffing requests. In light of these rapidly evolving events tied to the spread of the pandemic, programmatic and budgetary impacts are being assessed.

After implementation at our initial sites, the new EHR will be delivered to over 1,200 VA hospitals and clinics through a phased deployment strategy. Concurrent with the deployment of our new EHR modernization is the installation of a new medical logistics system, the Department of Defense's (DoD) Defense Medical Logistics Standard Support (DMLSS) system. We are also deploying our new accounting and acquisition system, the integrated Financial and Acquisition Management System, to NCA with full implementation across VA following in the coming months and years.

The magnitude of change has been so great, and the pace so quick, that VA must carefully assess our resource needs to ensure we can adequately sustain what we have accomplished while continuing to make investments in key areas that promise the greatest return for our dollars. It is against that backdrop that our FY 2021 Budget was developed, with emphasis on sustaining the ground we have gained.

Fiscal Year 2021 Budget Request

The President's FY 2021 Budget requests $243.3 billion for VA — $109.5 billion in discretionary funding (including medical care collections). The discretionary request is an increase of $12.9 billion, or 14.1 percent, over the enacted FY 2020 appropriation. It would sustain the progress we have made; provide additional resources to improve patient access and timeliness of medical care services for the approximately 9 million Veterans enrolled in VA health care; and improve benefits delivery for our Veterans and their beneficiaries. The President's FY 2021 Budget also requests $133.8 billion in mandatory funding, $9.1 billion or 7.2 percent above 2020.

For the FY 2022 AA, the budget requests $98.9 billion in discretionary funding including medical care collections for Medical Care and $145.3 billion in mandatory advance appropriations for VBA's benefits programs: Compensation and Pensions; Readjustment Benefits; and Veterans Insurance and Indemnities.

For Medical Care, VA is requesting $94.5 billion (including $4.5 billion in medical care collections) in FY 2021, a 13 percent increase over the 2020 level (including the $615 million transfer from the Veterans Choice Fund), and a $2.3 billion increase over the 2021 AA. This excludes CARES Act funding. The request fully supports sustainment of the provisions included in VA MISSION Act, including the streamlining and enhancement of community care services, an urgent care benefit, expansion of our caregiver support program, and other authorities and programs that will improve VA's ability to provide high-quality, timely, Veteran-centric care in line with Veterans' preferences and clinical needs.

This is the largest budget request in VA history, allowing VA to sustain our remarkable progress, continue the upward trajectory of modernizing our systems, and be a center of innovation, providing options to Veterans when it comes to their own care. I urge Congress to support and fully fund our FY 2021 and FY 2022 AA budget requests.

Next, I will highlight progress we have made, as well as planned activities, in health care, benefits, business transformation, infrastructure, and cemetery operations among others and how the resources we are requesting will contribute to our continued success.

Health Care

VA Medical Centers

In January 2019, VHA began an initiative to optimize clinic practice management and improve access to care through the Improving Capacity, Efficiency, and Productivity initiative. The goal of the initiative was to leverage existing resources and increase internal capacity to maximize the care we provide inside VA with the enhanced eligibility for community care under the VA MISSION Act. The project consisted of a 3-phased approach: Phase 1 focused on improving data accuracy (of labor mapping, bookable time, Primary Care Management Model, stop codes, and person class) through a combination of organization-wide webinars and one-on-one support via virtual site visits; Phase 2 centered on implementation of tailored strong practice solutions (based on process measure data) to help medical centers maximize capacity using existing resources; and Phase 3 encouraged VAMCs to leverage innovative methods of care, such as clinical resource hubs, clinical contact centers, e-consults, and telehealth services.

Through this effort, the number of VAMCs that met the VA MISSION Act average wait time standard of less than or equal to 20 days jumped from 47 percent to 65 percent. To replicate this success, we adopted these same practices at an additional 30 VAMCs. As of February 2020, the initiative entered the monitor and sustainment phase as VHA continues to ensure access enhancements.

Over the last several years, we have also increased provider staffing levels significantly. In FY 2019, prior to the hiring surge in response to the Coronavirus pandemic, we increased physician staffing levels by 1.5 percent; Nurse Practitioners by 4.9 percent; and Physician Assistants by 3.9 percent. We also increased clinic support staff for providers and delivered an additional 2.8 million total clinical episodes of care in FY 2019. In FY 2019, physician workload increased by 2 percent with over 72 million physician encounters. Clinical workload of physicians, measured in a common relative value unit scale that considers the time and intensity of the service, increased by 4 percent. Provider productivity remained relatively constant.

Community Care Network

We continue our successful deployment of the Community Care Network contracts, which use third party administrators (Optum Public Sector Solutions in Regions 1, 2, and 3; TriWest Healthcare Alliance in Region 4; contracts for Regions 5 and 6 are still in progress) to provide a credentialed network of providers for community care. Regions 1 and 2 are fully deployed; Region 3 is in progress; and Region 4 deployment will begin later this month. Our robust network of over 880,000 providers across the United States gives us exceptional flexibility in meeting Veterans' health care needs no matter where they reside. Realizing that we needed to do a better job of paying claims from community providers, our contracts require administrators to process and pay claims from the community providers based on the more stringent timelines included in the VA MISSION Act. The FY 2021 Budget requests $18.5 billion for Community Care, an increase of 21 percent over the FY 2020 funding level. These resources will allow us to provide real choice to our Veterans, and we estimate we will have 33 million visits to community care providers in FY 2021, an increase of 3.9 percent over FY 2020.

Caregiver Support Program

As we implement the VA MISSION Act, we are expanding our caregiver program to family caregivers of eligible Veterans from all eras. Under the law, expansion will begin when VA certifies to Congress that VA has fully implemented a required information technology (IT) system. The expansion will occur in two phases beginning with eligible family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975, with further expansion beginning two years after that. The 2021 Budget request for the Caregivers Support Program (CSP) is $1.2 billion, $650 million of which is specifically to implement the program's expansion. In October 2019, VA successfully launched a replacement IT solution, known as the Caregiver Record Management Application (CARMA), to support the program. Our efforts in FY 2020 are focused on automating stipend payments and improving existing functionality. Over the course of the next year, we will implement interprofessional Centralized Eligibility and Appeals Teams. This is intended to improve consistency in Program of Comprehensive Assistance for Family Caregivers (PCAFC) eligibility determinations across the enterprise. Led by physicians, these teams will assist with evaluating PCAFC eligibility, tier changes, revocations, and appeals. To ensure smooth operations following PCAFC expansion, VA is working aggressively to recruit, hire and train new team members. These interprofessional teams will be phased in over the course of the next several months and VA anticipates them being fully mission capable in fall 2020.

Some additional key initiatives include the hiring of a program Lead Coordinator at every Veterans Integrated Service Network (VISN) to standardize care and services. We also implemented the Annie Text system to alleviate caregiver stress and burden through supportive text and developed a toolkit for caregivers that educates and provides resources for caregivers on how to recognize and respond to suicide warning signs. CSP continues to develop, implement, and refine services including peer

support, caregiver self-care, and dementia care as well as modernizing processes, programming, and staffing to better serve our Nation's Veterans and their caregivers. As of February 2020, over 350 new staff have been added to the program with the goal of hiring approximately 680 more staff in FY 2020. To continue to support the expansion for this program under the VA MISSION Act, ongoing workload modeling will be assessed, and additional staff may be required.

Suicide Prevention and Treatment

On March 5, 2019, President Trump signed the *National Roadmap to Empower Veterans and End Suicide* (EO 13861), also known as PREVENTS. This created a Veteran Wellness, Empowerment, and Suicide Prevention Task Force that is tasked with developing, within 1 year, a road map to empower Veterans to pursue an improved quality of life, prevent suicide, prioritize related research activities, and strengthen collaboration across the public and private sectors. This is an all-hands-on-deck approach to empower Veteran well-being with the goal of ending Veteran suicide. The road map is on track to be delivered to the White House in the coming weeks. The PREVENTS Office will then work with government agencies on the Task Force, private-sector entities, and State and local communities to implement the recommendations. The FY 2019 Suicide Prevention and Treatment budget was fully executed as planned, supporting the Veterans Crisis Line as well as other critical clinical and community suicide prevention efforts. The FY 2021 Budget requests $10.2 billion for mental health services, a $683 million increase over FY 2020. The Budget specifically would invest $313 million for suicide prevention programming, a $76 million increase over the FY 2020 enacted level. The request would fund over 19.7 million mental health outpatient visits in a mental health setting, an increase of nearly 272,000 visits over the FY 2020 estimate. This builds on VA's current efforts. Since June 2017, VHA has hired 6,047 mental health providers, which is a net increase of 1,754 providers serving our Veterans. Suicide is a national public health issue that affects all Americans. Suicide prevention is my top clinical priority and we are actively implementing a comprehensive public health approach to reach all Veterans — including those who do not receive VA benefits or health services.

Opioid Safety & Reduction Efforts and Treatment of Opioid Use Disorder

The FY 2021 Budget includes $504 million, a $79.1 million increase over FY 2020, to address treatment of OUD and opioid safety and reduction efforts, including specific funding related to programs supported through the Comprehensive Addiction and Recovery Act (CARA) of 2016, Public Law 114-198. Funding for CARA programs is included in the FY 2021 Budget at the level of $121 million, a $64.6 million requested increase over advanced appropriation previously approved for FY 2021 to specifically address over-reliance on opioid analgesics for pain management, improve access to treatment for OUD, and to provide safe and effective use of opioid therapy when clinically indicated. This CARA budget would provide support for deployment of evidence-based practices, toolkits, and research to enhance and expand patient-centered, safe, and effective pain care. This will be accomplished through several

efforts including: developing and implementing a national program for Opioid Stewardship that will enhance the continued expansion and implementation of the Opioid Safety Initiative; providing funding for fully staffing and supporting CARA-required Pain Management Teams with hiring, toolkits, training and expert guidance; and providing increased access to interdisciplinary pain management through multiple modalities including but not limited to: increased field staffing for pain management teams at facilities; greatly expanded access to telehealth for pain management; and treatment of OUD so that we can reach all Veterans under our care. Another particularly important risk mitigation strategy for opioids, and for all controlled substance, is access to State Prescription Drug Monitoring Programs (PDMP), which allow for safer prescribing. VA is working towards an automated process of PDMP queries that can be accessed within EHR by prescribers and their delegates and therefore integrates into the clinical workflow. We expect this to be implemented in early FY 2021. VA is in the process of integrating PDMPs into both the legacy health records system and the new EHR. PDMP's solution for the legacy system will provide integrated access for clinicians and delegates across the available state data bases and the Military Health System. VA's new EHR will initially provide integrated access to prescribers directly to the Washington state PDMP.

Multiple initiatives are underway to increase access to life-saving medication for OUD. In the past 4 years, the number of Veterans with OUD receiving buprenorphine, injectable naltrexone, or opioid treatment program administered methadone increased by more than 20 percent. Most of these medications are provided in substance use disorder treatment clinics, but only about half of Veterans clinically diagnosed with OUD receive treatment in these clinics. In order to reach Veterans where they are, VA launched the Stepped Care for Opioid Use Disorder Train-the-Trainer initiative to increase access to OUD medication treatment in Primary Care, General Mental Health, and Pain Management Clinics. In the first 14 months, 18 pilot teams increased the number of patients receiving buprenorphine in these clinics by 141 percent. During FY 2020 and continuing into FY 2021, VA plans to provide additional training and support to access stepped care for OUD treatment in settings outside of substance use disorder specialty care with future plans focused on ensuring timely access to life saving medication for the treatment of OUD regardless of where the Veteran presents for care.

VA's Opioid Safety Initiative has greatly reduced reliance on opioid medication for pain management, in part by reducing opioid prescriptions by more than 58 percent since 2012. Seventy-five percent of VA's reduction can be attributed to not starting Veterans with chronic, non-cancer pain on long-term opioid therapy and instead utilizing multimodal strategies that manage Veteran pain more effectively long-term. As VA continues its efforts to address opioid over-use in a Whole Health (WH) approach to care, options such as non-opioid medications and non-pharmacological modalities including: behavioral therapy; restorative therapies (such as physical therapy and occupational therapy); interventional pain care; complementary and integrative health (CIH) approaches (such as massage therapy, yoga, meditation, acupuncture, Tai Chi) are important components to VA's Pain Management Strategy. Initial results from the analysis of the 18 White House Flagship sites as required by CARA have just become

available and demonstrate a three-fold reduction in opioid use among Veterans with chronic pain who used WH services (including CIH) compared to those who did not. Monitoring will continue of these original 18 sites as well as the 37 additional facilities that were added in 2018. As required by CARA, all VHA facilities have established or are in the process of implementing interdisciplinary pain management teams or pain clinics that support Veterans and our Primary Care Teams in delivering the best pain care possible. While these efforts are well underway, we must continue to provide access to these safe and effective pain care approaches systemwide, wherever the Veteran is located and virtually, as needed. In addition, the Creating Options for Expedited Recovery (COVER) Commission, after reviewing the status of mental health care in the VA, recommended that VA should continue to expand the availability of the Whole Health approach in the treatment of OUD as well as mental health issues overall.

Women Veterans

The number of women Veterans enrolling in VA health care is increasing, placing new demands on VA's health care system. Women make up 16.9 percent of today's Active Duty military forces and 19 percent of National Guard and Reserves. More women are choosing VA for their health care than ever before, with women accounting for over 30 percent of the increase in Veterans served over the past 5 years. The number of women Veterans using VHA services has tripled since 2001, growing from 159,810 to over 500,000 today. To address the growing number of women Veterans who are eligible for health care, VA is strategically enhancing services and access for women Veterans by investing $50 million in a hiring initiative in 2021. The FY 2021 Budget projects $626 million for gender-specific women Veterans' health care, a $53 million increase over FY 2020. This Budget would also continue to support a full-time Women Veterans Program Manager at every VA health care system. VHA has also made a commitment to train mental health providers to address women Veterans' complex and unique needs, including gender-related suicide risks. One of our key initiatives is the Women's Mental Health Mini-Residency and national Reproductive Mental Health/Psychiatry consultation initiatives. To date, more than 450 VA providers have attended the mini-residency. Participants indicate that the training increased their competency to provide gender-sensitive care to women Veterans and positively impacted women's mental health services at their local facility. The mini-residency is required training for all Women's Mental Health Champions, who serve as a local contact for women Veterans' mental health.

Additionally, VA launched a National Women's Reproductive Mental Health Consultation Program in FY 2020. With this new resource, expert consultation is now available to all VA clinicians on topics such as treating premenstrual, perinatal, and perimenopausal mood disorders, and treating women's mental health conditions that can be affected by gynecologic conditions. Without this program, key mental health care needs of women might not be detected or treated. User feedback has been overwhelmingly positive. Consultations have focused on highly complex patient presentations and prescribing considerations and reaffirm the critical need for this national resource.

This Budget would continue to support Women's Mental Health training and consultation programs. It would also support 0.10 Full-Time Equivalent (FTE) protected time for a Women's Mental Health Champion at every VHA health care system to facilitate consultations and develop resources that increase the visibility and accessibility of gender-sensitive women's mental health care and contribute to a welcoming care environment.

Treatment of Military Sexual Trauma

When asked by their VA health care provider, about 1 in 3 women and 1 in 100 men report that they experienced sexual assault or sexual harassment during their military service. These experiences, which VA refers to as military sexual trauma (MST), can have a significant impact on Veterans' mental health, physical health, general well-being, and are also associated with an increased risk for suicide. VA's services for MST can be critical resources to help Veterans in their recovery journey. Since VHA began systematic MST-related monitoring in FY 2007, there has been a 344 percent increase in the number of female Veterans receiving MST-related outpatient care and a 256 percent increase in the number of male Veterans receiving MST-related outpatient care. In FY 2019, VA provided 2,014,671 MST-related outpatient visits— an 11 percent increase from FY 2018. The cost of providing MST-related care is incorporated into broader health care costs for each VA health care system (HCS) and, as such, VHA's requested increases for health care services funding more broadly will directly benefit MST survivors. These funds are needed to maintain the full continuum of outpatient, inpatient, and residential mental health services as well as medical care services that are crucial to assisting MST survivors in their recovery. Funding also supports VHA's universal screening program in which every Veteran seen for health care is asked about experiences of MST, so that he or she can be connected with MST-related services as appropriate. Additionally, funding supports the MST Coordinator program, in which every VA health care system has a designated MST Coordinator who can help Veterans access MST-related services and programs.

Precision Oncology

The FY 2021 Budget includes $75 million to support VHA's precision oncology initiative, which aims to improve the lives of Veterans with cancer by ensuring that no matter where they live, they have access to cutting-edge cancer therapy using Precision Medicine, telehealth, and a learning HCS that integrates research with clinical care. Precision oncology is an evolution from one-size-fits-all cancer care. We are learning that we can increase treatment success and decrease side-effects by picking the treatment based upon characteristics of the patient and of the cancer. It primarily focuses on mutations in the patient's and cancer's DNA, respectively. The requested FY 2021 funding for this initiative would support:

- Investment in new national lung cancer network, including expansion of lung cancer screening, and expanded prostate cancer coverage;

- Enhanced ability to track – and conduct performance improvement – across a broader range of precision oncology quality measures at the national level;
- Scaling access to genetic counseling with the growth of genetic testing;
- Expanding access to national tele-oncology;
- Expanding use of pharmacogenics to enhance safety and efficacy of medication use;
- Additional clinical trials for prostate and lung cancer; and
- Exploration of new opportunities for breast cancer research.

Telehealth

The FY 2021 Budget request includes $1.3 billion for care provided through telehealth. VA leverages telehealth technologies to enhance the accessibility, capacity, and quality of VA health care for Veterans, their families, and their caregivers anywhere in the country. VA achieved more than 1.3 million video telehealth visits in FY 2019, a 26 percent increase in video telehealth visits over the prior year. Representing the fastest growing segment of VA telehealth, more than 10 percent of the 900,000 Veterans using VA telehealth received care through video telehealth in the comfort of their home or another non-VA location using VA Video Connect (VVC). In response to the pandemic, the Office of Information and Technology rapidly scaled telehealth platforms to stay ahead of business and user demand. VA has seen a near tenfold increase in VVC visits, from nearly 10,500 the first week of March to 104,387 visits in the first week of May. Recently, VA recorded its first day with 2 million minutes of VVC visits. As of May 20, 35 percent of VVC traffic is being routed to VA's Care2 cloud, expanding bandwidth and improving call quality and performance. In FY 2021, our goal is to have all VA providers offering VA Video Connect services to Veterans when clinically appropriate and requested by the Veteran.

Strengthening VA's Internal System of Care

The FY 2021 Budget supports VHA's Plan for Modernization including continued progress towards becoming a high reliability organization (HRO) and the realignment of VHA Central Office (VHACO) to better support our care providers in the field. The HRO model is the managerial framework for transformational change. HROs focus on continuous improvement and enhancing the customer experience. VHA has identified its own path to high reliability to meet Veterans' unique needs. Starting in 2019, VHA began instilling HRO principles, tools, and techniques at every level of the organization to address root causes; advance VA and VHA priorities; and ultimately achieve our vision of providing exceptional, coordinated, and connected care for Veteran health and wellbeing. In FY 2021, VHA will continue to promote HRO principles and move closer to its aim of becoming a "zero harm" organization that is constantly learning and applying those lessons toward improving Veteran care. On January 8, 2020, VA announced the redesign of VHACO as part of its modernization efforts to reflect leading health care industry practices and address clinical integration. The new structure now supports joint leadership roles of a chief medical officer and expanded chief nursing officer. The new structure clarifies office roles and streamlines responsibilities to

eliminate fragmentation, overlap, and duplication. It also allows VHA to be more agile and to respond to changes and make decisions more quickly. This positions VHA to better support Veterans Integrated Service Networks (VISN) and facilities directly serving Veterans. VHACO staff includes the approximately 20,000 staff located throughout the country that provide operational support to VAMCs. The proposed change in structure will not result in a reduction or termination of staff.

Animal Research

VA conducts an array of research in areas significant to Veterans' health care. VA only conducts research with animals when absolutely necessary. There are some research questions that cannot be addressed other than by research with animals, and VA refuses to ignore Veterans whose health care needs that research. For example, animal research in Cleveland involving researchers from VA recently led to the development of a device that allows Veterans with spinal cord injuries to cough on their own and communicate with a stronger voice, leading to increased independence and a significant reduction in respiratory infections and deaths. This important advancement would not have been possible using computer simulations, test tube techniques, 'organ on a chip' technology, or smaller animal species. VA has very few animal studies active at any one time, but some health care problems like this one can only be addressed with animal research, underscoring the importance of this kind of research in helping Veterans who have been severely injured on the battlefield.

Benefits

Blue Water Navy

One of the most significant changes for our Veterans in 2019, was the signing of the *Blue Water Navy Vietnam Veterans Act of 2019* in June, with an effective date of January 1, 2020. As of April 30, 2020, VA has received nearly 56,000 potential Blue Water Navy (BWN) claims and has already issued over $425 million in retroactive benefit payments to more than 20,000 BWN Veterans and survivors. All IT systems were operational on December 31, 2019 and continue to address the necessary requirements. In FY 2021, VA expects to receive 70,000 BWN claims and appeals. VA's FY 2021 funding request includes $137 million for VBA General Operating Expenses (GOE) to support BWN implementation. This Budget request includes sustaining 691 FTE for claims processing; call center agents; quality reviews; and contracting for the continued scanning of deck logs, service records, and paper claims from the National Archives and Records Administration. The Budget also supports standard business operations, which include support to enable Private Medical Records requests, audit reviews of deck log transcription services, and strategic communications/outreach to Veterans and key stakeholders.

Forever GI Bill

The FY 2021 Budget for VBA includes an increase of $20.5 million as a result of provisions in The Harry W. Colmery Veterans Educational Assistance Act (the Colmery Act) of 2017. The Department remains steadfast in its commitment to ensuring every Post-9/11 GI Bill beneficiary is made whole based on the rates established under the Colmery Act. We have taken significant steps to ensure there is broad awareness and understanding of our actions to date. VA executed a comprehensive communications and training campaign to schools, Veterans Service Organizations, state approving agencies, students, beneficiaries, and other stakeholders to regularly provide updates and seek input on VA activities and progress. During the COVID-19 pandemic, VA is working to ensure that Veterans whose education has been impacted by the COVID-19 environment are not being unfairly penalized. Before COVID-19, VBA and VA OIT had been working toward modernizing education benefits IT systems; this effort allows VBA to continue supporting Veterans' educational needs during the pandemic and continue modernization efforts thereafter.

Appeals Modernization

One year after the successful implementation of the Veterans Appeals Improvement and Modernization Act (AMA), VA is encouraged by an active business transformation that is improving Veterans' appeals experience. AMA is transforming VA's complex and lengthy appeals process into one that is simple, timely, and fair to Veterans and that ultimately gives Veterans choice, control, and clarity in the claims and appeals processes. VA is leveraging its telehealth technology to enable tele-hearings, which allow BVA to hold virtual appeals hearings. VA OIT has also significantly expanded its remote access bandwidth, allowing VBA employees to continue business operations remotely and remain efficient during the COVID-19 pandemic. The FY 2021 request of $198.0 million for the Board of Veterans' Appeals (the Board) is $24 million above the FY 2020 enacted budget and will sustain approximately 1,161 FTE. This Budget would prioritize the resolution of legacy appeals at the Board while simultaneously adjudicating appeals under AMA. In addition to adjudicating appeals and claims under AMA, addressing pending legacy appeals will continue to be a priority for VA in FY 2020 and FY 2021. In October, VA finalized an enterprise plan to resolve non-remand legacy appeals by the end of calendar year 2022 and continues to stay on track despite COVID-19. The Board has moved swiftly in the face of COVID-19 to mitigate the substantial impact from the suspension of in person hearings since mid-March. Moving to virtual hearings was the only viable strategy to safely serve Veterans during this pandemic. Between March 24th and May 29th, the Board conducted 789 virtual hearings, and has conducted over 1,000 virtual hearings overall. I am proud of the work being done at VA to make sure those Veterans waiting the longest for a decision get their results.

Business Transformation

Business transformation continues to be central to my focus and is essential for the Department to move beyond compartmentalization of the past and empower our employees serving Veterans in the field to provide world-class customer service. This

means reforming the systems responsible for claims and appeals, GI Bill benefits, human resources, financial and acquisition management, supply chain management, and construction.

Electronic Health Record Modernization

In 2018, VA awarded Cerner Government Services, Inc. a 10-year contract to acquire the same EHR solution being deployed by DoD, which will enable seamless sharing of health information, improve care delivery and coordination, and provide clinicians with data and tools that support patient safety. With the support of Congress, VA's Office of Electronic Health Record Modernization (OEHRM) has made significant strides toward CSS Go-Live in Columbus, Ohio and at our initial operating capability sites in the Pacific Northwest.

While maintaining a non-intrusive posture, amid COVID-19, OEHRM continues to advance the EHRM mission to the greatest extent possible through virtual meetings and activities. OEHRM is continuing design and configuration efforts for additional capabilities that will provide greater functionality for Veterans and end-users at Go-Live. The EHR national standard design and build reached over 99% completion toward meeting the needs of clinicians who require training for the new system. Progress continues toward completing the build of the full EHR solution at the VA Puget Sound Health Care System. Additionally, OEHRM has also made substantial progress with the interfaces to support the EHRM effort. OEHRM completed interface design, build, connectivity and technical testing for all 73 interfaces required to support Go-Live for VA's new EHR solution. Design and connectivity efforts for interface projects to support additional capabilities have been initiated and are progressing toward technical testing.

When facility access is permitted, OEHRM is prepared to advance preparations for the CSS implementation in Columbus, OH and continue the EHRM effort in the Pacific Northwest. OEHRM has prepared drop-in reengagement strategies to continue end user training and implementation efforts at both facilities when determined safe for teams to reengage staff.

The 2021 Budget includes $2.6 billion to continue VA's efforts to implement a longitudinal health record and to ensure interoperability with DoD. This request provides necessary resources for full deployment of VA's new EHR solution at the remaining sites in VISN 20 and VISN 22. Additionally, it partially funds the concurrent deployment of waves comprised of sites in VISNs 7 and 21. VA's new EHR solution will be deployed at VAMCs, as well as associated clinics, Vet Centers, mobile units, and ancillary facilities.

Information Technology Modernization

The 2021 Budget of $4.9 billion continues to invest in the Office of Information and Technology (OIT) modernization effort, enabling us to streamline VA efforts to operate more effectively and decrease our spending while increasing the services we

provide. OIT delivers the necessary technology and expertise that supports Veterans and their families through effective communication and management of people, technology, business requirements, and financial processes. During the COVID-19 pandemic, VA OIT rapidly scaled bandwidth and capacity to enable the Department's remote workforce. In addition to expanding bandwidth, VA OIT migrated teleconferencing capabilities and telehealth/tele-hearing systems to the cloud, increasing bandwidth and call quality and performance. Funding from the CARES Act to sustain this work does not expire until September 2021.

The requested $496 million in technology development funding will be dedicated to specific modernization efforts to support major initiatives such as the VA MISSION Act, the Colmery Act, BWN, Defense Medical Logistics Standard Support (DMLSS), and the Financial Management Business Transformation (FMBT). The Budget also invests $341 million for information security to protect Veterans' and employees' information.

The 2021 OIT Budget includes $250 million for the Infrastructure Readiness Program (IRP) to guide the ongoing refresh and replacement of the IT Infrastructure resources that sustain all VA IT operations. IRP identifies the current state of the IT Infrastructure and provides analysis for the strategy to refresh and modernize IT Infrastructure assets based on equipment age, expiration of warranty, support limitations, lifecycle estimates, business requirements, technology roadmap, financial planning and policy changes.

Financial Management Business Transformation

VA's financial management system for essential accounting and financial activities is more than 30 years old and is growing more obsolete by the day. VA established the FMBT program to achieve VA's goal of modernizing its financial and acquisition management systems. In support of the FMBT program, the 2021 Budget requests a total of $221 million for FMBT, including $111.1 million in IT funds and General Administration funding of $13.9 million. FMBT will leverage the Franchise Fund to bill costs to the Administrations and Staff Offices when the Franchise Fund sells non-IT services to these customers. Additionally, FMBT is leveraging the Supply Fund for costs associated with implementing the acquisition community. Despite the challenges posed by the ongoing pandemic, FMBT has leveraged its Agile program framework to continue moving forward with testing and training activities in this new operating environment. To accommodate the needs of National Cemetery Administration (NCA) field workers during the pandemic and to ensure workforce readiness for the new system, the NCA deployment has been moved to November 2020. This will be followed by the phased implementation of Veterans Benefits Administration (VBA) General Operating Expenses (GOE) in February and May 2021.

Supply Chain Modernization and Defense Medical Logistics Standard Support (DMLSS)

VA's request includes $111.5 million in the Information Technology account for modernizing VA's Supply Chain Management. VA is embarking on a supply chain

transformation program designed to build an efficient and effective medical supply chain to maximize value to clinical customers and deliver real-time analytics capability to support fast and accurate enterprise decision making.

VA's effort will address people, training, processes, data, and automated systems. To achieve greater efficiency, VA will strengthen its long-standing relationships with DoD by leveraging expertise to modernize VA's supply chain operations, while allowing VA to remain fully committed to providing quality health care.

Through this collaboration with DoD, VA will transition to DMLSS, on an enterprise-wide basis to replace VA's existing inventory system. VA's existing legacy system faces numerous challenges and is not equipped to address the complexity of decision-making and integration required across functions, such as acquisition, medical supplies and equipment, medical maintenance, property accountability, facility maintenance and construction. VA's implementation of the DMLSS solution will ensure that the right products are delivered to the right places at the right time, while providing the best value to the government and taxpayers.

VA is piloting DMLSS at the James A. Lovell Federal Health Care Center and VA's initial EHR sites in Spokane and Seattle to analyze VA enterprise-wide application. In DMLSS, VA is leveraging a proven system that DoD has developed, tested, and implemented, and interfaced with DoD's EHR.

Infrastructure Improvements and Streamlining

In FY 2021, VA will continue improving its infrastructure and provide for expansion of health care, burial, and benefits services where needed most. The request includes $1.4 billion in Major Construction funding, as well as $400 million in Minor Construction to fund VA's highest priority infrastructure projects. These funding levels are consistent with our requests in recent years and represent a combined 8.5 percent increase for Major Construction and Minor Construction funding over the FY 2020 appropriation.

Major and Minor Construction

This funding supports major medical facility projects including providing the final funding required to complete projects in Tacoma, WA – American Lake Construction of New Specialty Care Building 201, and Long Beach, CA – Mental Health and Community Living Center. The request also includes continued funding for ongoing major medical projects at Canandaigua, NY – Construction and Renovation; Alameda, CA – Community Based Outpatient Clinic & National Cemetery; San Diego, CA – Spinal Cord Injury and Seismic Corrections; Livermore, CA – Realignment and Closure of the Livermore Campus; and Dallas, TX – Spinal Cord Injury Center. The request also includes funding to construct an inpatient facility in Tulsa, OK, which will be VA's second project under the authorities provided in the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016, also referred to as CHIP

IN. The potential project will include both VA's contribution and resources from a partner who will construct a health care facility for Veterans to be donated to VA upon completion.

The FY 2021 request includes funding for national cemetery expansion and improvement projects in San Antonio, TX, and San Diego, CA. The FY 2021 Budget provides funds for the continued support of major construction program including the seismic initiative that was implemented in 2019 to address VA's highest priority facilities in need of seismic repairs and upgrades.

The request also includes $400 million in minor construction funds that will be used to expand health care, burial, and benefits services for Veterans. The minor construction request includes funding for 37 newly identified projects as well as existing partially funded projects.

Leasing

VA is also requesting authorization of thirteen major medical leases in 2021 to ensure access to health care is available in those areas. The 2021 request includes major medical facility leases that VA previously submitted for Congressional authorization in FY 2019 and FY 2020. These leases include new leases totaling $88 million and 371,051 net usable square feet (NUSF) in Columbia, MO; Hampton, VA; Lawrence, IN; and Salt Lake City, UT; and replacement leases totaling $187 million and 849,428 NUSF in Atlanta, GA; Baltimore, MD; Baton Rouge, LA; Beaufort, SC; Beaumont, TX; Jacksonville, NC; Nashville, TN; Plano, TX, and Prince George's County, MD. VA is requesting funding of $1.054 billion to support ongoing leases and delivery of additional leased facilities during the year. These new and ongoing leases represent over 1.2 million square feet of leased space providing state of the art care for our Nation's Veterans.

Repurposing or Disposing Vacant Facilities

To maximize resources for Veterans, VA repurposed or disposed of 196 of the 430 vacant or mostly vacant buildings since June 2017 resulting in an estimated $4.5 million in annual operations and maintenance cost avoidance. Due diligence efforts (environmental/historic) for the remaining buildings are substantially complete, allowing them to proceed through the final disposal or reuse process. VA continues to identify additional vacant buildings for disposal or reuse in order to continue to maximize resources and save taxpayer dollars.

Customer Service

As I have described in past testimony, my prime directive is customer service. In order to sustain VA's commitment to customer experience I will be requesting in FY 2021 a shift from a reimbursable authority (RA) funding model to a hybrid RA and budget authority (BA) model for our Veterans Experience Office (VEO). The FY 2021

request is for $11.5 million in direct BA funding. This strategic shift in VEO's budget model will highlight your commitment and VA's commitment to customer service and the institutionalization of customer experience capabilities within the Department now and in the future. Veterans, their families, caregivers, and survivors deserve nothing less than to know that VA is prioritizing their experiences as a core part of the business. The results and impact of VEO are showing. Veteran trust in VA has increased by 25 percent since 2016 and now stands at a historic high of 80 percent. Veteran trust in outpatient healthcare has also increased from a score of 85 percent in 2017, when we first began to measure outpatient trust to a current score of 89 percent. In the last year, Veteran satisfaction with the redesigned VA.gov Web site has increased by 9 percent using Veteran feedback to improve the site – proof positive that when the Department employs VEO capabilities and practices, it produces better results for Veterans, their families, caregivers, and survivors. VEO is also driving the personalization aspect of customer experience by leveraging business processes and integrated technology solutions for Veterans and their families to make their online and telephonic interactions with VA easier and on par with industry. From their first interaction with VA, customers are "known" because of an integrated VA Profile, a data management initiative that synchronizes Veteran data across the VA's systems, thereby creating a comprehensive Veteran customer profile. An accurate customer profile synchronized across multiple systems is significant, as more than a half million Veterans update their contact information with VA each month; now, they do not have to provide the same information each time they contact VA and VA employees can better focus their time on serving Veterans' needs. VA Profile has already made more than 5.7 million contact information updates.

National Cemetery Administration

The President's FY 2021 Budget positions NCA to meet Veterans' emerging burial and memorial needs through the continued implementation of its key priorities: Preserving the Legacy: Ensuring "No Veteran Ever Dies"; Providing Access and Choosing VA; and Partnering to Serve Veterans. The 2021 Budget includes $360 million for NCA's operations and maintenance account, an increase of $32 million (9.8 percent) over the FY 2020 level. This request will fund the 2,085 FTE employees needed to meet NCA's increasing workload and expansion of services, while maintaining our reputation as a world-class service provider. In 2019, NCA achieved an American Customer Satisfaction Index score of 97, the highest result ever achieved for any organization in either the public or private sector. This ranking is the seventh consecutive time NCA received the top rating among participating organizations. The 2021 Budget will allow us to build upon this unprecedented record of success.

In FY 2021, NCA will inter an estimated 137,600 Veterans and eligible family members and care for over 4 million gravesites at 156 National Cemeteries, which includes 11 cemeteries being transferred from the Department of the Army, and 33 soldiers' lots and monument sites. NCA will continue to memorialize Veterans by providing an estimated 360,000 headstones/markers and distributing 630,600 Presidential Memorial Certificates. NCA will also continue efforts to modernize

Veterans' memorialization through the Veterans Legacy Program and Veterans Legacy Memorial (VLM). In 2021, NCA will again partner with universities and communities to tell the stories of Veterans buried in VA national cemeteries. In addition to these partnerships, NCA will continue the roll out of VLM, a public memorial platform that shares Veteran-related content with the general public.

VA is committed to investing in NCA's infrastructure, particularly to keep existing National Cemeteries open and to construct new cemeteries consistent with existing burial policies. NCA is amid the largest expansion of the cemetery system since the Civil War. NCA will establish 18 new national cemeteries across the country, including rural and urban locations. The 2021 Budget includes operations and maintenance funding to continue activation of new cemeteries that are open for burials. The FY 2021 request also includes $94 million in major construction funds for two gravesite expansion projects (Fort Sam Houston in San Antonio, TX and Miramar, CA) and $86 million in minor construction funds for gravesite expansion and columbaria projects to keep existing national cemeteries open, address infrastructure deficiencies and other requirements necessary to support national cemetery operations.

The Budget request also includes $45 million for the Veteran Cemetery Grant Program to continue important partnerships with States and tribal organizations. Upon completion of these expansion projects, and the opening of new national, State and tribal cemeteries, nearly 95 percent of the total Veteran population—about 20 million Veterans—will have access to a burial option in a national or grant-funded Veterans cemetery within 75 miles of their homes.

Accountability

The total request for the Office of Accountability and Whistleblower Protection (OAWP) in FY 2021 is $26.5 million, which includes funding for 125 FTE employees. This is an additional $4.3 million, or 18 percent over the FY 2020 appropriation and includes funding for an additional 11 FTEs. This funding level will enable OAWP to implement the oversight and compliance requirements of the VA Accountability and Whistleblower Protection Act of 2017 and conduct thorough and timely investigations into whistleblower disclosures, allegations of senior leader misconduct and poor performance, and whistleblower retaliation. In FY 2019, OAWP received 2,951 submissions, directly conducted approximately 165 investigations, and monitored approximately 593 investigations that were referred out for investigation to VA Administrations and staff offices, as required by law. These efforts are part of VA's effort to build public trust and confidence in the entire VA system and are critical to our transformation.

The FY 2021 Budget also requests $228 million for the Office of the Inspector General (OIG), an $18 million increase over the 2020 enacted level, for 1,048 FTEs in 2021 to support essential oversight of VA's programs and operations through independent audits, inspections, reviews, and investigations; and for the timely detection and deterrence of fraud, waste, and abuse. Additional resources will be used

to enhance oversight in program areas that are vital to Veterans and taxpayers, particularly implementation of the VA MISSION Act and the ongoing EHR modernization effort. To that end, OIG will significantly expand oversight of community care, including ongoing efforts to detect and deter health care fraud, financial stewardship, and procurement.

Conclusion

Thank you for the opportunity to appear before you today to address our FY 2021 Budget and FY 2022 AA Budget request. The resources requested in this budget will ensure VA remains on track to meet Congressional intent to implement the VA MISSION Act and continue to optimize care within VHA.

Mr. Chairman, I look forward to working with you and this Committee. I am eager to continue building on the successes we have had so far and to continue to fulfill the President's promise to provide care to Veterans when and where they need it. There is significant work ahead of us and we look forward to building on our reform agenda and delivering an integrated VA that is agile, adaptive, and delivers on our promises to America's Veterans.

June 3rd SVAC Budget Hearing

Hearing Themes:

1) MISSION Act Implementation
   Community Care Use (pre/post COVID-19)
2) Suicide Prevention
3) Toxic Exposure
4) Business & Technology Modernization Efforts
   Telehealth/Broadband Access
   Supply Chain
5) EHRM
6) OAWP
7) SECVA Priorities

Leadership:

Chairman Moran

Mission Act/Community Care/Mental Health –

On a recent call with Chairman Moran, the Secretary briefly highlighted that due to a 280% increase in mental health appointments in March, VA would begin working with the private sector to assist filling the gaps in mental health care, and specifically mentioned Walmart.

Recent Questions:

1. (b)(5)
2.
3.

Ranking Member Tester

Rural Health / Personnel – Pay Authorities – Leave / Supply Chain Challenges

Recent Personnel Questions:

1. (b)(5)

Recent PPE Questions:

Background: SVAC Staff recently read the following in the articles below: "The Department of Veterans Affairs is spending almost $75,000 on masks with MyPillow, run by Trump friend Mike Lindell, according to a recent purchase order on USASpending.gov. Lindell said that the order has not been filled yet because the company has yet to find a subcontractor to actually make the masks, since the VA wants

KN95 and disposable masks and MyPillow only makes cloth masks. Asked if MyPillow is going to profit off the order, Lindell said, 'We're not making one dime of profit.'"

https://www.usaspending.gov/#/award/CONT_AWD_36C24620P0943_3600_-NONE-_-NONE-

https://www.politico.com/newsletters/playbook/2020/04/22/the-next-rescue-package-is-now-in-doubt-488992?nname=playbook&nid=0000014f-1646-d88f-a1cf-5f46b7bd0000&nrid=0000014e-f114-dd93-ad7f-f91520560001&nlid=630318

1. (b)(5)

Additional PPE Questions:

2. (b)(5)
3.

Majority:

SEN Boozman

Rural Health – Telehealth / Community Care / COVID-19 budget infusion

1. (b)(5)

Mental Health and Suicide Prevention

Gender Specific Care

SEN Cassidy

PPE / 4th Mission

Background: Some policy experts and journalists have already begun scrutinizing current unused capacity at VA.

1. (b)(5)
2.

SEN Rounds

Telehealth Expansion

"The coronavirus pandemic has dramatically increased the need to expand telehealth. It is imperative that Congress act to ensure our front-line responders have the tools they need to combat this deadly virus."

1. (b)(5)

Black Hills – Sen. Rounds Advocating for Rescinding the Record of Decision

- Beginning in the 2015 Appropriations Act, Congress restricted VA from spending funds for "an environmental assessment, or to diminish healthcare services at existing Veterans Health Administration medical facilities" in VISN 23. The 2020 Appropriations Act struck VISN 23 and applied this language to the entire health care system (Section 233 of. P.L. 116-94)
- Revoking the Record of Decision (ROD) limits Black Hills from relying on the environmental analysis and historic preservation consultation related to the ROD. The environmental analysis considered a variety of alternatives for the Black Hills campus in addition to the alternative selected in the ROD. Black Hills can rely on that environmental analysis for future actions at the campus without violating the current appropriations language.
- If the ROD is revoked but the appropriations provision remains in place, the facility will be hamstrung from any future changes because it will not be able to complete new environmental assessments.

SEN Tillis

PPE / Rural Health

Recently submitted legislation to amend the Public Health Service Act to authorize the use of the Strategic National Stockpile to enhance medical supply chain elasticity and establish and maintain domestic reserves of critical medical supplies.

1. (b)(5)

SEN Sullivan

Rural-Tribal Health

SEN Blackburn

Telehealth / Suicide Prevention

1. (b)(5)
2.

SEN Cramer

Supply chain – COVID-19 related

Background:

The VA OIG released a report showing that some facilities are concerned with inadequate supplies.

1. (b)(5)

2. (b)(5)

SEN Loeffler

Personnel

Background: VA has reported shortages to key healthcare related positions under section five of the Mission Act.

1. (b)(5)

Minority:

SEN Murray (not attending)

EHRM – delays? / Caregivers

SEN Sanders

Personnel

1. (b)(5)
2.

SEN Brown

Personnel/Caregivers/VA History Center

1. (b)(5)
2.

SEN Blumenthal

Mental Health / Caregivers

1. (b)(5)
2.

SEN Hirono

Caregivers

1. (b)(5)

SEN Manchin

Personnel – / VA Call Centers – White House Hotline / Broadband Access

1. (b)(5)

SEN Sinema

Veteran Homelessness / Community Care / Tribal Health

Background Community Care: VA requested $2.1B as part of the supplemental for 3 months' worth of additional community care, but in March issued the following:

The Community Care Network (CCN) Region 4 Start of Healthcare Delivery (SHCD) is postponed for approximately 60 days due to COVID-19 outbreak. CCN Region 4 SHCD was originally scheduled for April 7, 2020, with two Region 4 facilities, Eastern Colorado and Fort Harrison, MT. VA is working closely with TriWest, the Third-Party Administrator for CCN Region 4, to establish the new deployment dates for SHCD sites as well as the remaining Region 4 sites. Veterans will continue to receive community care through the current PC3 network while VA and TriWest collaborates on the new deployment dates and the eventual transition to CCN.

1. (b)(5)

Homelessness:

1. (b)(5)

Tribal Health Statement:

"Tribal communities across Arizona are battling some of the most severe outbreaks of the coronavirus and need additional health and economic resources. Ensuring Tribes get adequate coronavirus relief will save lives and help tribal communities recover from this public health crisis," said Sinema.

Member RSVPs:

The following members plan to attend **in person**: Moran, Boozman, Rounds, Cramer, Loeffler, Blumenthal, Manchin, maybe Sanders

The following members plan to attend **virtually**: Tester, Brown, Tillis, Hirono, Blackburn, Sinema

Not attending: Murray

Talking Points (German Headstones):

- *This month, the Department of Veterans Affairs (VA) will formally initiate the Section 106, of the National Historic Preservation Act, to consult with stakeholders regarding three German*

headstones. Fort Sam Houston National Cemetery is listed on the National Register of Historic Places (NRHP) and Fort Douglas Post Cemetery (transferred from the U.S. Army to NCA the VA in December 2019), is part of the Fort Douglas Historic site, which is designated as a National Historic Landmark.

- *VA will initiate the 106 process to inform the replacement of these headstones with historically accurate markers without the Nazi swastika and existing German text. VA will propose to preserve the original headstones in the NCA History Collection as part of the mitigation for removal.*
- *VA will also initiate an interpretive sign effort at all VA national cemeteries and soldiers lots in which Foreign Enemy Prisoners of War are interred. These signs will help provide historic context about WWI-WWII POWs who were interned and buried on American soil.*

From: RLW
Sent: Mon, 18 May 2020 23:33:32 +0000
To: Tucker, Brooks;Powers, Pamela
Subject: FW: [EXTERNAL] FW: Trump says he's taking hydroxychloroquine, despite scientists' concerns

See below

Sent with BlackBerry Work
(www.blackberry.com)

Subject: Trump says he's taking hydroxychloroquine, despite scientists' concerns

Trump says he's taking hydroxychloroquine, despite scientists' concerns

By Caitlin Oprysko

05/18/2020 06:12 PM EDT

President Donald Trump announced on Monday that he's been taking hydroxychloroquine, the antimalarial drug he's touted as a potential cure for Covid-19 despite scientists' concerns about its effectiveness.

"A couple of weeks ago, I started taking it," Trump told reporters at the White House, adding that he'd consulted with his presidential physician about the drug.

Initial data from observational studies has shown the drug has limited or no proven benefits for coronavirus patients, and may even be harmful when used in certain combinations.

The president made the stunning announcement during a roundtable with restaurant executives, dismissing those studies and instead invoking anecdotal evidence that he claimed to have heard from doctors and other frontline medical workers.

Trump told reporters he'd been taking hydroxychloroquine daily for the past week and a half, along with a daily dose of zinc and an initial dose of the antibiotic azithromycin, a combination that has been linked to increased incidences of cardiac arrest.

The timing coincides with a sudden spike in cases in the West Wing — on May 7, the president's personal valet tested positive for the coronavirus. Just days later, Vice President Mike Pence's top spokesperson tested positive, as well.

Trump emerged as a champion of hydroxychloroquine early on in the pandemic, citing from the

White House briefing room podium anecdotal evidence of the drug's helping coronavirus patients, only to be cautioned by health officials moments later that the drug's potential benefits remained unproven.

Trump's push for the drug is central to a whistleblower report from a former top vaccine official in the administration who says he was ousted after refusing to back the administration's push for hydroxychloroquine.

The FDA authorized emergency use of the drug against the coronavirus in March, despite sparse evidence that it could work. But it later warned against using the therapy outside of clinical trials, citing potential "life threatening" heart problems.

Around the same time, Trump suddenly began to lay off his promotion of the drug, and mentioned it rarely if at all in the weeks before Monday's revelation.

While the president denied that his physician at the White House had recommended he take hydroxychloroquine, he indicated that his doctor didn't object to his request for the drug.

"The White House doctor, he didn't recommend — no, I asked him, 'What do you think?' He said, 'Well if you'd like it.' I said, 'Yeah I'd like it. I'd like to take it,'" Trump explained, claiming that "a lot of people are taking — a lot of frontline workers are taking hydroxychloroquine."

He told reporters that he'd received "many" letters like the one he got last week from a doctor in the New York suburbs who claimed he'd given hydroxychloroquine, azithromycin and zinc to "over 300 patients" and hadn't lost a single one.

The president on Monday repeatedly asserted that "many, many" frontline workers and doctors were taking hydroxychloroquine, a claim that appears to misrepresent ongoing studies among health care workers with no definitive results yet.

Challenged by reporters to divulge his evidence that the drugs can work as a preventative measure — Trump said he continued to test negative in near daily coronavirus tests and has been showing "zero" symptoms" — the president had none.

"Here we go. Are you ready? Here's my evidence. I get a lot of positive calls about it," he responded, saying the only negatives he'd heard about the drug were the results of a study by the Department of Veterans Affairs, the results of which he appeared to suggest had been politically tainted.

To view online:
https://subscriber.politicopro.com/health-care/article/2020/05/trump-says-hes-taking-hydroxychloroquine-despite-scientists-concerns-1939274

https://subscriber.politicopro.com/settings.

POLITICOPRO

This email was sent to (b)(6) riponsociety.org by:
POLITICO, LLC
1000 Wilson Blvd.
Arlington, VA 22209
USA

From: RLW
Sent: Wed, 13 May 2020 16:12:35 +0000
To: RLW
Subject: Facetime Interview - KSNV – TV – TV (Las Vegas – NBC affiliate) w/REPORTER: Gerard Ramalho
Attachments: Las Vegas Hot Topics SECVA Interview - May 2020.docx, Las Vegas NBC - QUAD - Gerard Ramalho - News 3 LV - MAY 2020.pptx

All – we have a taker for Wednesday, May 20 from 10:30-11. Prep materials to follow.

v/r
(b)(6)

OUTLET: KSNV – TV (Las Vegas – NBC affiliate)
REPORTER: Gerard Ramalho
DATE/TIME: Wednesday, May 20, 10:30 a.m. EASTERN
INTERVIEW TYPE: Facetime

Key Nevada (Ne-Vad-Duh) Issues: May 2020

of Veterans enrolled in the Southern Nevada VA HealthCare System (VASNHCS): **~83,000 (FY19)**

# of Veterans in VASNHCS catchment area: **~146,000 (FY19)**

Topics Background:

COVID-19:

The Southern Nevada (Las Vegas) HCS has handled several local media queries regarding their operational response to COVID-19. Subjects have included:

- The facility had the first confirmed COVID-19 case in Las Vegas (veteran recovered and was released April 20)
- Operational changes such as screening, visitor restrictions, postponing elective surgeries
- Temporarily closing its Fisher House due to COVID-19
- Same day virtual Primary and Mental Health Care for urgent needs
- Hiring retired Physicians to return to duty
- PPE/masks/inventory
- The use of hydroxychloroquine to treat COVID-19 (San Diego has NOT used this to treat any COVID-19 patients)
- The facility directly engaged Telemundo with a Spanish speaking physician to ensure information was getting to the local Spanish speaking population
- Employees (small number led by local union leadership) protests calling out shortage of PPE as primary issue

Quote from Mr. Caron (Medical Center Director) to staff through internal video message:
"I want to go on record and state that while I firmly support your rights when it comes to union membership, representation and collective bargaining, I will not sit quietly when my integrity or this organization is misrepresented publicly by a vocal minority. I am ultimately the person who is directly responsible for your safety, care, and work environment. As you've seen since I got on station several months ago, we have created numerous avenues for you to reach out directly, be heard, and have your concerns addressed. As your Director and more importantly as your colleague in serving Veterans, I stay committed to using multiple modes and forums for communication so that you can fully appreciate the "why" behind our actions, especially in times of crisis."

Innovation:

The facility continues to add and provide new groundbreaking technology and services to its Veterans.

- The facility recently opened a new 20-bed residential treatment facility for substance abuse and gambling addiction. This is the 2nd of its kind in the nation.
- This includes bringing more services such as exoskeletons and prosthetics, which negates Veterans having to travel far for specialty care.
    - By using exoskeletons at the facility, veterans, who have partial paralysis, can strengthen muscles with robotic assistance to help them walk again.
- The VAMC has been making several changes locally to ensure Veterans receive quicker access to specialty rehabilitation services and prosthetics equipment.

    - In fact, the facility became one of the first VAs to enact direct scheduling for amputation care and wheelchair services, allowing Veterans to access care without a consult.
    - Veterans no longer need a primary care referral, or to make an extra trip to one of VASNHCS's facilities to access these services.
- VASNHS has expanded critical care via Tele-ICU in February. Veterans receiving intensive inpatient care now access to critical care capabilities thanks to a new telehealth initiative at the Las Vegas VA Medical Center.

Expansion/Access to Care:

Access to VA health care in Nevada has never been as readily available as now. Las Vegas continues to be one of the fastest growing VA Facilities in the nation (47% growth from FY11-FY19) and has one of the highest utilization rates; 78% of Las Vegas VA enrollees using VA services. To meet that demand, the VAMC is not only adding additionally services, but expanding the hospitals footprint through construction.

- The Las Vegas VA is one of the newest (2012) VA Medical Centers constructed, providing specialty care, emergency care and inpatient services at one location.
- Expanded Emergency Department at the medical center in Nov. 2015 to meet veteran population growth and needs.
    - Las Vegas is home to the one of the busiest Emergency Departments in VA: Door to Triage = 8 min., Door to Doc = 19 min.
- The Las Vegas VA has spent a significant amount of resources and time focusing on improving access, however, **recruitment/retention remains a challenge**.
    - To combat this, staffing has significantly increased staff from 1,300 staff in 2010 to more than 3,240 current authorizations today.
    - In FY19, the facility has added nearly 400 new positions locally. Including:70 new positions in behavioral health; 106 new positions in support of both a new 20-bed inpatient ward and 20-bed psychosocial residential rehabilitation ward; 40 new positions to coordinate Veteran's care within the community as part of the VA MISSION Act.

Suicide Prevention:

The Las Vegas VA is aggressively supporting the Department's Suicide Prevention initiatives.

- Partnering with the community to get to zero. Las Vegas VA is participating in the VA's inaugural Mayor's Challenge to prevent suicide among service members, Veterans and their families.
- The facility has flagged approximately 20 high-risk Veterans per month and maintain contact with them while they remain on the high-risk list.
- Between September 2017 and May 2019, the Las Vegas VA completed approximately 481 outreach activities directed at Veterans suicide awareness and prevention.

Outreach/Veteran Homelessness:

The Las Vegas VAMC has an active outreach program to reach as many veterans as possible and encourage to use the benefits they deserve. Las Vegas VAMC's transition assistance program works regularly with active-duty, Guard and Reserve organizations to provide education and information on VA benefits and services.

- Through the partnership with the local Community Veterans Engagement Board, the facility regularly distributes information to get out to Veterans and co-host a series of

events each year with themes focusing on transition, health and wellness, employment, education, suicide prevention and women Veteran needs.

- The Las Vegas VA partnered with the community to support VA & HUD's 25 Cities Initiative to end Veteran Homelessness.
    - Las Vegas was one of the first communities in the nation to achieve Functional Zero (December 2015).
    - In 2018, Las Vegas VA dropped from #4 to #9 in the estimate of homeless Veteran populations within nation's continuum of care locations.
- From 2011 to 2019, Clark County (Las Vegas) saw a 52% decrease in the total number of homeless Veterans. **2018 PIT** count revealed overall homelessness among Las Vegas Metro Veterans is **down 14%.**

MISSION Act:

Even though the Las Vegas VAMC has impressively low wait times, much of Nevada is rural, which has made many veterans eligible for expanded benefits and advantages from the MISSION Act.

- *Average Wait Times* (FY19): 91% of Appts. scheduled within 30-days or less. Primary Care (4.14 days), Specialty Care (14.06 days) and Mental Health (3.66 days).

Women's Health:

Like many VA's, the fastest growing population for the Las Vegas VA is women veterans.

- In FY19, the Las Vegas VAMC treated more than 6,500 Women Veterans, which has been the highest rate to date (Almost 10% of the patients seen).
- VASNHS has a state-of-the-art 10,000sqft Women's Health Center for Women Veterans.
- Currently, the facility is in the design phase for a new women's health building on main VA medical center campus.

Challenges:

- Unprecedented Growth (5-7 years ahead of growth predictions)
- Recruitment/Retention:
    - Nevada ranks 47th for Physicians/48th for Nurses/50th for Behavioral Health per capita
    - Cannot always pay physicians salaries or provide incentives that the private sector offers.
- Availability of Care in the Community (Both in terms of timeliness and services offered)

Interview with Gerard Ramalho – NEWS 3 – Las Vegas NBC
Las Vegas, NV (Weekend Anchor)

- **Gerard Ramalho is a weekend anchor and weekday reporter for Las Vegas CH. 3.Ramalho has covered COVID-19 from the local level.Monthly "Salute the Troops" segment.Winner of 5 Emmy awards for excellence in journalism. Voted "Best Anchor" in Las Vegas by the Las Vegas Review-Journal StaffStudied Broadcast Journalism at San Diego State University. Supporter of The Just One Project, Rape Crisis Center, and the 10000 Kids Project.**

POTENTIAL QUESTIONSInterview:
***Positive, Negative, Neutral or UnknownReporter is interested in the following topics:VA's response to COVID-19Special Challenges for Veterans 9primarily those in higher age groups)What is the testing availability at VA?"What's Next" post COVID-19?**

TALKING POINTSLocal Issues: Reopen: Las Vegas VAMC chosen as first in VISN to begin resuming normal services post COVID-19 restrictions.Quality Care: Las Vegas VAMC had first confirmed COVID-19 case in Las Vegas, same Veteran ((b)(6)**) released from care April 20.Quality Care: Facility implemented same day telehealth for urgent and Mental Health Care in urgent situations.COVID-19 by the numbers (as of May 19, 2020): 5 active Veteran cases, 1 active employee case, 46 convalescent Veteran cases, 18 convalescent employee cases, 1 known death**

RADIO CALL INFOStation: News 3 Las Vegas (NBC)Broadcast: DailyReporter: Geard Ramalho (ra-MAL-o)DATE: 5/20/2020TIME: 10:30 a.m. ESTPhone: Reporter will call James Hutton CellReporter's Cell #: (219)462-(b)(6)

From: RLW
Sent: Fri, 15 May 2020 13:26:18 +0000
To: RLW
Subject: Phone Call w/Chairman Wasserman Schultz
Attachments: 20200522 - VA COVID-19 weekly for Hill.pdf, EBS - Wasserman Schultz - 5.27.2020.docx, Fact Sheet for HAC FINAL 5.26.20.docx, 5.25.20 House Approps VA Cemeteries Signed.pdf

Department of Veterans Affairs
Coronavirus Supplementals Appropriations, Obligations, and Paid Expenditures
Data as of 5/19/2020
(Amounts in Thousands)

VA Account	Appropriated	Allocated	Current Total Obligations	Paid Expenditures
CARES Act, P.L. 116-136				
Medical Services	$ 14,432,000.00	$ 14,432,000.00	$ 1,013,506.53	$ 505,293.04
Medical Community Care	2,100,000.00	2,100,000.00	8,589.20	8,589.20
Medical Support and Compliance	100,000.00	100,000.00	24,843.78	13,801.03
Medical Facilities	606,000.00	606,000.00	28,922.11	21,207.82
Medical Care	**17,238,000.00**	**17,238,000.00**	**1,075,861.62**	**548,891.10**
Information Technology	2,150,000.00	2,150,000.00	415,545.94	71,939.27
Veterans Benefits Administration	13,000.00	13,000.00	3,436.03	407.29
State Home Grants	150,000.00	150,000.00	-	-
General Administration	6,000.00	6,000.00	105.55	105.55
Office of Inspector General	12,500.00	12,500.00	-	-
VA Total, CARES Act, P.L. 116-136	**19,569,500.00**	**19,569,500.00**	**1,494,949.14**	**621,343.21**

Families First Coronavirus Response Act, P.L. 116-127				
Medical Services	30,000.00	30,000.00	29,851.10	19,203.13
Medical Community Care	30,000.00	30,000.00	30,000.00	30,000.00
VA Total, Families First Act, P.L. 116-127	**60,000.00**	**60,000.00**	**59,851.10**	**49,203.13**

Early COVID-19 response efforts did not use the correct accounting codes. Corrective accounting actions will reclassify these for future weekly reporting.

Base Funds, P.L. 116-94				
Medical Services			277,187.40	
Medical Community Care			-	-
Medical Support and Compliance			20,743.49	12,460.34
Medical Facilities			93,297.62	35,949.82
James A. Lovell Federal Health Care Center (JALFHCC)			3,795.35	2,401.15
Medical Care			**395,023.87**	**50,811.31**
Information Technology			0.00	
Veterans Benefits Administration			-	-
National Cemetery Administration			1,052.71	308.40
State Home Grants			-	-
General Administration			71.00	1.00
Office of Inspector General			-	-
VA Total, Base Funds, P.L. 116-94	**-**	**-**	**396,147.58**	**51,120.70**

Grand Total, All Funds	**$ 19,629,500.00**	**$ 19,629,500.00**	**$ 1,950,947.81**	**$ 721,667.04**

Information Technology:
Information Technology Funding continues to use COVID-19 supplemental appropriations to bring temporary hiring on-board. Additionally, supplemental funding has been used to support hardware activations to support increased telework and telemedicine; and cyber security.

Veterans Health Administration:
As noted above, accounting corrections will transfer previous obligation against base funding to the COVID-19 supplemental funding, VHA has spent:

• $201.54 million for grants to homelessness service providers for Supportive Services for Veterans Families (SSVF) and $5.718 million in per diem grants for care of Veterans in state homes.
• $50.150 million for employee uniforms and protective clothing to include: cost of uniforms issued to operating personnel; and items purchased for use as protection against infection, contamination or injury to a person.

Veterans Benefits Administration:
As noted above, accounting corrections will transfer previous obligation against base funding to the COVID-19 supplemental funding, VBA has spent:

• $51.1 thousand on travel repatriating staff and their families from Manila and paying per diem;
• $4.02 million on supplies (bulk procurements of plexiglass shields, hand sanitizers, masks, gloves, disinfectant wipes, etc.); and
• $671.5 thousand on facilities deep cleaning.

Office of Inspector General:
Office of Inspector General has been reporting COVID-19 related obligations independently. These costs will be included in future weekly and monthly reports.

EXECUTIVE BRIEFING SUMMARY

Chairwoman Debbie Wasserman Schultz
Wednesday, May 27, 2020
8:45 AM Call

May 27, 2020 8:45AM
OM POC: Jon Rychalski, (b)(6)
Driver: Proactive Biweekly Updates
Subject: COVID 19 Response
Participants: Chairwoman Wasserman Schultz, (b)(6) HAC MilConVA Majority Clerk **VA:** SECVA, Dr. Paul Lawrence, Jon Rychalski, Dr. Jennifer MacDonald

PURPOSE OF EVENT/MEETING:

☐ Decisional	☐ Informational	☐ Pre-Event
☐ Remarks	X Other	☐ Courtesy Call

OVERVIEW OF EVENT:

Teleconferences with Member to discuss the Department's response to COVID-19.

Hearing confirmed for May 28, 10:00am

Potential Issues for Discussion

- German POW gravesites
- Hydroxychloroquine guidance (awaiting OGC clearance to send to Subcommittee)
- CARES Act execution

COVID19 Obligations

- $1.95 billion obligated on COVID19 through May 19th
- VHA has onboarded 9,338 new employees between March 29 and April 28th. Strong hiring continues. Just this week, we expect 1,877 new hires.
- We provided the first required monthly obligations and expenditures report earlier this month and will continue to provide staff with data on a weekly basis.
- Funding provided for medical care through supplemental appropriations appears to be sufficient for the immediate health care crisis. The estimates we provided to Congress were based on projections before the impacts of social distancing were seen and felt, but we did see some of those worst-case scenario level situations in parts of the country.
- There were also unanticipated increases to cost of equipment and supplies.
- We are also spending more on State Veteran Homes and nursing homes than anticipated.

- We don't yet know what the impacts of some areas of the country reopening will be on our system.

Does VA have additional funding requirements beyond what was provided in CARES?

- Although current funds are sufficient, we have identified needs in several areas, including:
    - Immediate post-crisis recovery, such as backlogs of burials in NCA and disability claims in VBA that could require additional overtime and other funding.
    - Preparation/hardening of facilities for next crisis given lessons learned from this national emergency, such as converting quad and double bedrooms to singles, expanding negative air pressure rooms.
    - Sustain IT network capacity and telework and telehealth functions until these can be built into the base budget request.
- These are broad areas that were not contemplated in the first submission, but not needed urgently today.
- If additional funding is not provided to VA, some additional transfer authority or flexibility with the CARES Act funding may prove necessary.

Attachments:

- Weekly COVID-19 obligations
- Written Statement – May 28th Hearing
- HAC Letter on German POW gravesites
- NCA fact sheet

Fact Sheet
German POW Headstones at
Fort Sam Houston National Cemetery and Fort Douglas Post Cemetery

Headstone Specific Facts:

- The three headstones mark the graves of German Prisoners of War (POW) from World War II. All three include the Nazi swastika embedded in the Iron Cross. Two also includes the following inscription: *"He died far from / Homeland for Führer [Leader, i.e., Hitler] / Folk and Fatherland."*

- Two are located at Fort Sam Houston National Cemetery in San Antonio, Texas and one is in Fort Douglas Post Cemetery in Salt Lake City, Utah.

- Fort Sam Houston National Cemetery is on the National Register of Historic Places (NRHP) and Fort Douglas Post Cemetery (transferred from the U.S. Army to the National Cemetery Administration in December 2019), is part of the Fort Douglas Historic site which is on the NRHP and designated as a National Historic Landmark.

- The three headstones date from the 1940s, when both cemeteries were managed by the Army. In 1940, Fort Sam Houston was the largest Army post in the United States, and it served as a major internment center for prisoners of war during World War II (an estimated 425,000 German prisoners of war resided in 700 camps across the United States).

- Collectively, VA National Cemeteries and Soldiers lots contain the graves of more than 970 foreign POWs - German, Italian and Japanese.

Foreign POWs in VA National Cemeteries:

- The following VA National Cemeteries hold the remains of these foreign POWS:

    - Alexandria National Cemetery in Louisiana (German POWs)
    - Beaufort National Cemetery in South Carolina (German POW)
    - Camp Butler National Cemetery in Illinois (German, Italian and Japanese POWs)
    - Chattanooga National Cemetery in Tennessee (German and Italian POWs)
    - Cypress Hills National Cemetery in New York (Italian POW)
    - Finn's Point National Cemetery in New Jersey (German POWs)
    - Fort Bliss National Cemetery in Texas (German, Italian and Japanese POWs)
    - Fort Custer National Cemetery in Michigan (German POWs)

- Fort Douglas Post Cemetery in Utah (German, Italian and Japanese POWs)
- Fort Lawton National Cemetery in Washington (German and Italian POWs)
- Fort Logan National Cemetery in Colorado (German POW)
- Fort Lyon National Cemetery in Colorado (German POWs)
- Fort Richardson National Cemetery in Alaska (Japanese POWs)
- Fort Sam Houston National Cemetery in Texas (German, Italian and Japanese POWs)
- Fort Sheridan National Cemetery in Illinois (German POWs)
- Golden Gate National Cemetery in California (German and Italian POWs)
- Hampton National Cemetery in Virginia (German and Italian POWs)
- Jefferson Barracks National Cemetery in Missouri (German and Italian POWs)
- Long Island National Cemetery in New York (German and Italian POWs)
- Vancouver Barracks Post Cemetery in Washington (German and Italian POWs)
- Woodlawn National Cemetery in New York (German POW)

Historic Considerations:

- Federal care of the graves of foreign enemy POW's goes back to the turn of the twentieth century. After World Wars I and II, America adhered to the Regulations of the Hague Conventions and Geneva Conventions, respectively, in providing burial services for deceased enemy POWs.

- The National Historic Preservation Act of 1966 (NHPA) assigns stewardship responsibilities to federal agencies, including VA and Army, to protect historic resources. The NHPA does not prevent headstones from being removed and replaced; however, Section 106 of the National Historic Preservation Act requires all federal agencies to consider the effects of their actions on historic properties and to consult with various stakeholders (including state and local governments and interested members of the public) on undertakings that may impact historic properties. An agreement document detailing measures to avoid, minimize, and/or mitigate impacts to historic properties, concludes the Section 106 process.

Congress of the United States
House of Representatives
Committee on Appropriations
Washington, DC 20515–6015

May 25, 2020

The Honorable Robert Wilkie
U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

Dear Secretary Wilkie:

We are deeply troubled to learn that Department of Veterans Affairs Cemeteries in Texas and Utah contain graves of German prisoners of war with swastika-adorned headstones and messages honoring Hitler.

Allowing these gravestones with symbols and messages of hatred, racism, intolerance, and genocide is especially offensive to all the veterans who risked, and often lost, their lives defending this country and our way of life. It is also a stain on the hallowed ground where so many veterans and their families are laid to rest. Families who visit their loved ones, who are buried in the same cemeteries with the Nazi soldiers whom they fought against, should never have to confront symbols of hatred that are antithetical to our American values.

VA's decision to leave the swastikas and messages honoring Hitler in place and ignore the calls to take them down is callous, irresponsible and unacceptable. We understand that these cemeteries were not under the jurisdiction of VA at the time these headstones were installed, but now that they are under VA's jurisdiction, there is no excuse for VA to continue to maintain these headstones, instead of replacing them.

VA has claimed in its public response on this issue that they cannot replace these headstones because the National Historic Preservation Act of 1966 requires federal agencies to protect historic resources. That law protects resources of extreme historical significance for, as the statutory text states, "the inspiration and benefit of present and future generations." We should certainly all agree that honoring Hitler on the headstones of German soldiers who took up arms against the United States is not in line with the law's intent.

It is particularly troubling that VA's refusal to replace these offensive headstones comes at a time when documented antisemitic incidents in the United States have reached a new high.

VA has a responsibility to our service members and veterans to treat their burials and final resting places with the utmost respect. VA has acknowledged this responsibility in its own policy on headstone markers, saying "VA will not inscribe any emblem on a headstone or marker that would have an adverse impact on the dignity and solemnity of cemeteries honoring those who served the Nation." There is no question that the swastikas and inscriptions on these specific headstones have an adverse impact in honoring those who served.

While leaving gravestones in VA National Cemeteries unaltered may have been a long-standing bureaucratic policy, that is no excuse for allowing it to continue. We ask that you eliminate this antiquated policy and begin the process for removing these gravestones or having them altered immediately. It is never too late to do the right thing.

Sincerely,

Debbie Wasserman Schultz
Chairwoman
Subcommittee on Military Construction and Veterans Affairs

John R. Carter
Ranking Member
Subcommittee on Military Construction and Veterans Affairs

Nita M. Lowey
Chairwoman
Committee on Appropriations

Kay Granger
Ranking Member
Committee on Appropriations

From: RLW
Sent: Fri, 15 May 2020 19:38:33 +0000
To: RLW
Subject: Facetime Interview KPBS – TV (San Diego Public TV) w/REPORTER: Steve Walsh
Attachments: San Diego Hot Topics SECVA Interview - May 2020.docx, San Diego NPR - QUAD - Steve Walsh - 89.5 KPBS - MAY 2020.pptx

Thursday, May 21 from 10:30-11. Prep materials to follow. The Secretary has spoken to Mr. Walsh before, but in a radio format.

v/r
Mark

OUTLET: KPBS – TV (San Diego Public TV)
REPORTER: Steve Walsh
DATE/TIME: Thursday, May 21, 10:30 a.m. EASTERN
INTERVIEW TYPE: Facetime

Key San Diego Issues: May 2020

of Veterans enrolled in San Diego Healthcare System (VASDHCS) – 84,712

# of Veterans in San Diego's catchment area – 247,074

COVID-19:

The San Diego HCS has handled several local media queries regarding their operational response to COVID-19. Subjects have included:

- The increase in telehealth appointments and Video Connect to continue to serve veterans
- The use of hydroxychloroquine to treat COVID-19 (San Diego has NOT used this to treat any COVID-19 patients)
- VISN 22's expedited COVID-19 testing (turnaround time went from 5 – 7 days to 1 – 2 days - Long Beach VA is doing tests for San Diego)
- Telework options for employees (some employees reported to media not being allowed to telework – multiple queries on this subject)
- PPE/masks/inventory
- Operational changes such as screening, visitor restrictions, postponing elective surgeries

Hot Topic:

Temporary accommodations for the homeless will soon end in San Diego and some of the previously utilized shelters have closed permanently, leaving VA to find homes for homeless Veterans as recently reported by Steve Walsh. https://www.kpbs.org/news/2020/may/14/va-searching-places-house-homeless-vets-convention/

Suicide Prevention:

San Diego (SD) has one of the highest rates of veteran suicide in California according to a California Department of Public Health report, which showed 109 San Diego County veterans committe suicide in 2017

Over the last five years, the San Diego HCS has been focused on increasing outreach efforts, such as working with groups like the San Diego Veterans Coalition.

- Over the past few years, the facility has been steadily increasing its number of Suicide Prevention staff to address the uptick in suicide rates.
- Every suicide is a tragedy. At the San Diego VA, suicide prevention is everyone's responsibility, not just Suicide Prevention Coordinators.
- The facility is committed to addressing the crisis by treating it with an interdisciplinary approach. Staff from around the facility work to help test new initiatives of reducing veteran suicide risk.
    - Some examples include:
        - Creating caring cards groups in which Veterans create and send positive messages to other Veterans.
        - Working with pharmacy to more broadly advertise the crisis line contact information in waiting rooms, on medication bottle caps, and in prescription inserts.
        - Psychotherapy to directly address suicidal thoughts for Veterans with elevated risk before they begin care for a specific mental health diagnosis.

- Adaptation of couples' psychotherapy to address suicidal thoughts.
- Started weekly, multi-disciplinary review of every suicide attempt and death by suicide to identify trends and opportunities to improve care.

Mental Health:
VA San Diego is committed to caring for both the physical and mental health care needs of our Veterans.

- VA San Diego's ASPIRE Center is a 40-bed, three-story, 30,000-square-foot residential rehabilitation treatment facility located in Old Town, San Diego.
- The center was designed to promote recovery in combat Veterans returning from Iraq and Afghanistan.
- The ASPIRE center provides temporary housing for Veterans who do not need inpatient care but would benefit from rehabilitation services.
- The center includes mental health, vocational and occupational therapies for those Veterans who need them.
- The ASPIRE Center has admitted Veterans for 5 years, serving approximately 90 Veterans each year.

Marijuana Research:
San Diego VAMC is currently conducting the first cannabinoid clinical trial funded by VA.

- It is a double-blind, phase II, drug + psychotherapy trial investigating the therapeutic potential of oral cannabidiol (CBD) as an adjunctive treatment to prolonged exposure therapy in the treatment of PTSD.
- CBD is not "cannabis," but rather a specific cannabinoid. However, CBD is still schedule 1 and requires approval for use from DEA and FDA.
- The study just started enrolling veteran subjects and has its first baseline assessment scheduled for this week.

Research and Development:
VA San Diego has one of largest R&D Programs in the VA. With more than 600 active research projects on veteran health, VA San Diego has been able to attract top quality physicians.

- Research and development play a vital role in at the VA San Diego Health Care System.
  - Research staff stay abreast of medical breakthroughs
  - Research attracts top quality physicians
  - Participation in many large-scale clinical studies
- An issue arose earlier this year, when an investigative reporter obtained an internal VA report, which revealed liver samples were taken from sick veterans without their permission for a study that allegedly provided no benefit to the patients.

Veteran Homelessness:
Like with the rest of Southern California, veteran homelessness is a considerable problem in the San Diego due to high housing prices and competitive rental markets; and the lack of affordable housing. It frequent is a topic of conversation.

- The most recent PIT count results showed a 31% **increase** in veteran homelessness in the county. New PIT count results are not out yet.
- VA works closely with the city of San Diego on veteran homelessness and provides HUD/VASH vouchers as well as wrap-around support and services for homeless veterans once they find housing.
    - Community involvement is widespread in San Diego, helping to combat veteran homelessness.
    - The community has built an area of "tiny houses" for homeless veterans, and a local veteran has started and runs a Veterans Village, housing for homeless veterans. San Diego has always had a large military and veteran presence.

Access to Care:
San Diego is affiliated with the University of California, San Diego School of Medicine and provides training to more than 1,500 medical interns, residents and fellows.

- The facility has multiple teaching affiliations for nursing, pharmacy, dental and dietetics – and has one of the largest research programs in the VA.
- The medical center also hosts the VA Center for Excellence for Stress and Mental Health, which is conducting extensive research on PTSD and combat stress.
- VA San Diego recently finished construction on a new clinic in South Bay/Chula Vista.
    - The new facility will have expanded capacity for appointments and a staff of about 100 will help veterans with primary care, integrated mental health, laboratory and pathology, audiology, tele-medicine, optometry and podiatry services.
    - Construction is ongoing with an expected completion date of Spring 2020. Mission Valley Replacement clinic ground breaking is planned for fall 2019.

Telehealth:
VA San Diego continues to expand the ways in which it can provide superior care our Veterans. One of these is the increased use of Telehealth services to care for Veterans.

- Telehealth services are available to veterans who live far from the medical center, have health or transportation problems that make it difficult to travel, or Veterans that need nurse case management for chronic health problems that are hard to control.
- VA San Diego Healthcare System currently offers three programs using telehealth: Home Telehealth, Clinical Video Telehealth and Store & Forward.

Women Veterans:
VA San Diego has a multisite, coordinated Women's Health Program providing comprehensive care to women Veterans. More than 13,000 female Veterans are enrolled for care. Patients are assigned a primary care provider who is responsible for their care and referrals to specialty clinics. This assures patients receive the personalized care they need.

Interview with Steve Walsh – KPBS – San Diego NPR
San Diego, CA (Veteran/Military Affairs Reporter)

- **Steve Walsh is a respected, investigative reporter.Walsh is a military reporter who delivers stories and features for TV, radio and web.He spent a large portion of his career as a print reporter in Indiana and Chicago.Walsh was an embedded reporter in Iraq twice. Has a serial podcast called "Free The Pendleton 14."Graduate of Indiana State University.**

POTENTIAL QUESTIONSInterview:
***Positive, Negative, Neutral or UnknownReporter is interested in the following topics:COVID-19Veteran Homelessness"What's Next" post COVID-19**

TALKING POINTSLocal Issues: Veteran Homelessness: Reporter recently wrote a story about COVID-19 related shelters shutting down soon and what that means for Veterans. The shelters have allowed VA to locate Veterans to assist in providing options for housing.There are enough vouchers to house homeless veterans in the area. COVID-19 by the numbers (as of May 18, 2020): 15 active Veteran cases, 45 convalescent Veteran cases, 7 convalescent employee cases, 1 known death

RADIO CALL INFOStation: KPBS Public Radio & TVBroadcast: DailyReporter: KPBSDATE: 5/21/2020TIME: 10:30 a.m. ESTPhone: Reporter will call James Hutton CellReporter's Cell #: (219)462-2(b)(6)

Recent stories by Steve Walsh

Homeless Veterans/COVID-19 – 5/14/20 – VA searching for place to house homeless vets before convention center shelter closesEmployee Complaints – 5/3/20 – VA nurses rally for better protection against COVID-19COVID-19 Testing – 4/14/20 – VA rolls out faster COVIS-19 test through Southern CaliforniaEmployee Complaints – 4/6/20 – VA nurses say they aren't getting a consistent message about COVID-19Benefits Office Closure – 3/21/20 – VA shuts down benefits offices amid coronavirus concerns

From: Powers, Pamela
Sent: Tue, 21 Apr 2020 17:44:23 +0000
To: RLW
Subject: Fwd: [EXTERNAL] AP: More deaths, no benefit from malaria drug in VA virus study

Sir, FYI. I wasn't tracking. I forwarded to OPIA and VHA to find out more.
Get Outlook for iOS
From: Powers, Pamela <(b)(6)@va.gov>
Sent: Tuesday, April 21, 2020 1:41:03 PM
To: (b)(6) EOP/WHO (b)(6) who.eop.gov>
Subject: Re: [EXTERNAL] AP: More deaths, no benefit from malaria drug in VA virus study

No, first I've seen of it. Wasn't tracking that study either but will find out where this is coming from.
Get Outlook for iOS
From: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Sent: Tuesday, April 21, 2020 1:23:48 PM
To: Powers, Pamela <(b)(6)@va.gov>
Subject: FW: [EXTERNAL] AP: More deaths, no benefit from malaria drug in VA virus study

Pam,

I assume you have seen this…

More deaths, no benefit from malaria drug in VA virus study
Associated Press
Marilynn Marchione
April 21, 2020
>https://apnews.com/a5077c7227b8eb8b0dc23423c0bbe2b2<

A malaria drug widely touted by President Donald Trump for treating the new coronavirus showed no benefit in a large analysis of its use in U.S. veterans hospitals. There were more deaths among those given hydroxychloroquine versus standard care, researchers reported.

The nationwide study was not a rigorous experiment. But with 368 patients, it's the largest look so far of hydroxychloroquine with or without the antibiotic azithromycin for COVID-19, which has killed more than 171,000 people as of Tuesday.

The study was posted on an online site for researchers and has been submitted to the New England Journal of Medicine, but has not been reviewed by other scientists. Grants from the National Institutes of Health and the University of Virginia paid for the work.

Researchers analyzed medical records of 368 male veterans hospitalized with confirmed coronavirus infection at Veterans Health Administration medical centers who died or were discharged by April 11.

About 28% who were given hydroxychloroquine plus usual care died, versus 11% of those getting routine care alone. About 22% of those getting the drug plus azithromycin died too, but the difference between that group and usual care was not considered large enough to rule out other factors that could have affected survival.

Hydroxychloroquine made no difference in the need for a breathing machine, either.

Researchers did not track side effects, but noted hints that hydroxychloroquine might have damaged other organs. The drug has long been known to have potentially serious side effects, including altering the heartbeat in a way that could lead to sudden death.

Earlier this month, scientists in Brazil stopped part of a hydroxychloroquine study after heart rhythm problems developed in one-quarter of people given the higher of two doses being tested.

Many doctors have been leery of the drug.

At the University of Wisconsin, Madison, “I think we’re all rather underwhelmed” at what’s been seen among the few patients there who’ve tried it, said Dr. Nasia Safdar, medical director of infection control and prevention.

Patients asked about it soon after Trump started promoting its use, “but now I think that people have realized we don’t know if it works or not” and needs more study, said Safdar, who had no role in the VA analysis.

The NIH and others have more rigorous tests underway.

From: Rychalski, Jon J.
Sent: Tue, 26 May 2020 18:53:19 +0000
To: RLW;Powers, Pamela;Tucker, Brooks
Cc: Haverstock, Cathy;(b)(6)
Subject: HAC Hearing Intel
Attachments: HAC Member Issues 5.28.20 v1.docx

No big surprises here….a lot of what we expected and have been practicing.

- Note Chairwoman Lowey may participate virtually
- NO Kay Granger

Thanks to (b)(6) and (b)(6) for working the phones to get this info!

Jon

HAC Subcommittee on Military Construction, Veterans Affairs and Related Agencies

Member Issues and Questions as of Tuesday, May 26, 2020

Rep. Nita Lowey (Chairwoman)

- Full Committee Chairwoman is expected to attend remotely

Rep. Debbie Wasserman-Schultz (D-FL-Pembroke Pines, Aventura)

- Will attend in person
- German POW gravesites
- PPE
- Hydroxychloroquine
- CARES Funding execution

Rep. Sanford Bishop (D-GA-Albany, Columbus, Macon)

- No info

Rep. Ed Case (D-HI- Honolulu)

- Will attend in person
- He may raise Advance Leeward Outpatient Healthcare Access (ALOHA) Project, which he believes has been delayed due to COVID 19.

  Response: This very long process has continued and was not delayed as a result of COVID. OMB asked VA to address a few outstanding issues with GSA and those issues have been solved. OMB will hold a meeting with GSA and VA to conclude this issue soon. (SME: (b)(6) CFM)

Rep. Tim Ryan (D-OH- Akron, Warren, Youngstown)

- Will attend in person
- Did not have any issues to flag

Rep. Chellie Pingree (D-ME-Portland, Waterville)

- Expected to attend remotely
- Letter from Maine delegation on telehealth
- She may raise MST issues that she did not get to address during the budget hearing because she did not attend

Rep. Matt Cartwright (D-PA-Scranton, Easton, Pottsville)

- No info

Rep. Cheri Bustos (D-IL-Rock Island, Peoria, Rockford)

- Will attend in person
- PPE and appropriate measures for staff
- How rural Veterans are being taken care of
- Telehealth

MINORITY

Rep. Kay Granger (Ranking Member)

- Will not attend in person or remotely
- German POW gravesite issue

Rep. John Carter (R-TX- Round Rock, Temple, TX)

- Will attend remotely
- CRNA full practice authority
- Needs in a next supp
- Homelessness programs
- Infrastructure needs

Rep. Martha Roby (R-AL- Dothan, Montgomery, Andalusia)

- No info

Rep. John Rutherford (R-FL-Jacksonville)

- Will attend in person
- We provided questions on nursing home, status of ongoing efforts in EHRM and caregivers.

Rep. Will Hurd (R-TX-San Antonio, Eagle Pass, Del Rio, Soccorro)

- Will attend in person
- German POW Gravesite Issue

From: (b)(6)
Sent: Wed, 29 Apr 2020 15:29:34 +0000
To: McVicker, Carrie A.;Syrek, Christopher D. (Chris);Tucker, Brooks;Hutton, James;Powers, Pamela
Subject: RE: VSO letter for TF review

Thank you so much for the fast turn…We will send it out to VSO's now.

(b)(6)

From: McVicker, Carrie A. <(b)(6)@va.gov>
Sent: Wednesday, April 29, 2020 11:26 AM
To: Syrek, Christopher D. (Chris (b)(6) k@va.gov>; (b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>; Hutton, James va.gov>; Powers, Pamela <(b)(6) va.gov>
Subject: RE: VSO letter for TF review

Here it is!

V/R

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461 (b)(6)

From: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 11:17 AM
To: McVicker, Carrie A. (b)(6) @va.gov>; (b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>; Hutton, James <(b)(6) @va.gov>; Powers, Pamela (b)(6) va.gov>
Subject: RE: VSO letter for TF review

Carrie – can you change the document type to PDF and Title it "VSO Letter 4-29-2020"

Please autopen and send (b)(6) the final copy by 11:30. We need to get this out ahead of SECVA call.

From: (b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 10:50 AM
To: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Subject: FW: VSO letter for TF review

Was this request from Pam an indication that with a title change this is ready to go?

I want to be sure there's clearance before we push it out

From: Powers, Pamela (b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 10:26 AM
To: McVicker, Carrie A. <(b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

(b)(6) /Chris, recommend you change the title of the document before you send.

From: McVicker, Carrie A. <(b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 10:22 AM
To: Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Got it!

Here is a final draft for your review.

V/R

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461-(b)(6)

From: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 10:20 AM
To: McVicker, Carrie A. <(b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Tucker, Brooks <(b)(6) va.gov>
Cc (b)(6) @va.gov>
Subject: Re: VSO letter for TF review

It's going out electronically so no address or anything needed.

Get Outlook for iOS

From: McVicker, Carrie A. (b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 10:11:23 AM
To: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Yes. How do you want the salutation to look? Do you want anything on the top?

Here is the final cleaned up.

V/R

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461 (b)(6)

From: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 10:07 AM
To: McVicker, Carrie A. (b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James @va.gov>; Tucker, Brooks < va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

TF has been (b)(5)
(b)(5)

Carrie – can you package and send the final for DEPSEC and I to authorize autopen?

Adding (b)(6) here, he will send to final to VSOs.

From: McVicker, Carrie A. (b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 6:43 AM
To: Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Chris – using track changes on top of Curt's edits – I added in the OGC edits that worked within the current draft.

V/R

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461-(b)(6)

From: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 8:15 PM
To: Cashour, Curtis (b)(6) @va.gov>; (b)(6) @va.gov>; McVicker, Carrie A. (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Hutton, James va.gov>
Subject: RE: VSO letter for TF review

Carrie –

Little late to the party here but GC chimed in with a few edits.

I would not make the "(b)(5)
(b)(5)

(b)(6) – what is your take?

From: Cashour, Curtis <(b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 5:55 PM
To: (b)(6) @va.gov>; McVicker, Carrie A. <(b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Hutton, James <(b)(6) @va.gov>
Subject: RE: VSO letter for TF review

A couple edits for clarity and brevity.

Will let you know when we hear back from the TF.

Curt Cashour
Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
202-461-(b)(6)
(b)(6) @va.gov
@curtcashour

From: (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 5:51 PM
To: McVicker, Carrie A. <(b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; Powers, Pamela va.gov>; Hutton, James (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

I had a couple more edits..

Also the University of Virginia, and NIH funded this.

From: McVicker, Carrie A. (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 5:35 PM
To (b)(6) @va.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Hutton, James <(b)(6) @va.gov>
Subject: RE: VSO letter for TF review

(b)(6) - I think I got it I went line by line and what I just sent should just about mirror your latest edits.

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461 (b)(6)

From: (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 5:34 PM
To: McVicker, Carrie A. (b)(6) r@va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; Powers, Pamela va.gov>; Hutton, James <(b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Ok. I will edit it.

From: McVicker, Carrie A. (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 5:31 PM
To: (b)(6) @va.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James (b)(6) va.gov>
Subject: RE: VSO letter for TF review

In trying to do a side by side of the current version vs (b)(6) edits. I could only find a few words difference in them. See in RED.

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461-(b)(6)

From: (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 5:20 PM
To: McVicker, Carrie A. (b)(6) @va.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; Powers, Pamela <(b)(6) va.gov>; Hutton, James (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

I sent these edits earlier

(b)(6)
VHA Deputy Chief of Staff
W: 202-461-(b)(6)
C: 202-769-

Sent with BlackBerry Work
(www.blackberry.com)

From: McVicker, Carrie A. <(b)(6) @va.gov>
Date: Tuesday, Apr 28, 2020, 4:59 PM
To: Syrek, Christopher D. (Chris) (b)(6) @va.gov>, Cashour, Curtis <(b)(6) @va.gov>, Powers, Pamel (b)(6) @va.gov>, Hutton, James (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Yes standing by.

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461-(b)(6)

From: Syrek, Christopher D. (Chris) (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 4:56 PM
To: Cashour, Curtis <(b)(6) @va.gov>; McVicker, Carrie A. (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Hutton, James <(b)(6) @va.gov>

Cc: (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Thanks Curt.

(b)(6) – will need these answers ASAP.

Carrie is on here as well to amend letter with any changes.

From: Cashour, Curtis (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 4:50 PM
To: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; McVicker, Carrie A. (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

James sent to the TF, but adding (b)(6) n the hopes he can clear up a couple of important items.

- The letter refers to the hydroxychloroquine review in question as a (b)(5) (b)(5)
- Is the hydroxychloroquine review in question (b)(5) (b)(5)

Curt Cashour
Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
202-461 (b)(6)
(b)(6) @va.gov
@curtcashour

From: Syrek, Christopher D. (Chris) (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 4:38 PM
To: McVicker, Carrie A. (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Thanks Carrie.

Curt/James – can you whip this through TF comms folks for a quick review as this came up quite a bit in POTUS press conferences. Want to make sure we are in synch.

Need this back tonight so we can package for (b)(6) to send to VSOs ahead of tomorrow's call.

From: McVicker, Carrie A. <(b)(6)@va.gov>
Sent: Tuesday, April 28, 2020 4:36 PM
To: Powers, Pamela <(b)(6)@va.gov>; Syrek, Christopher D. (Chris) <(b)(6)@va.gov>; Hutton, James <(b)(6)@va.gov>; Cashour, Curtis <(b)(6)@va.gov>
Subject: VSO letter for TF review

Ma'am / Gentlemen.

Attached letter is ready for TF review and concurrence.

Standing by.

V/R

Carrie

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6)@va.gov
(202) 461-(b)(6)

From: (b)(6)
Sent: Wed, 29 Apr 2020 14:26:51 +0000
To: Powers, Pamela;McVicker, Carrie A.;Syrek, Christopher D. (Chris);Cashour, Curtis (b)(6) Hutton, James;Tucker, Brooks
Subject: RE: VSO letter for TF review

Will do!

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VHA Deputy Chief of Staff
W: 202-461 (b)(6)
C: 202-769

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Subject: RE: VSO letter for TF review

James sent to the TF, but adding Jon in the hopes he can clear up a couple of important items.

- The letter refers to the hydroxychloroquine review in question as (b)(5) (b)(5)
- Is the hydroxychloroquine review in question (b)(5) (b)(5)

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Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
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Can do.

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To: Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; (b)(6) @va.gov>; Powers, Pamela <(b)(6) va.gov>; Hutton, James (b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Got it!

Here is a final draft for your review.

V/R

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461 (b)(6)

From: Syrek, Christopher D. (Chris) <(b)(6) va.gov>
Sent: Wednesday, April 29, 2020 10:20 AM
To: McVicker, Carrie A (b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James @va.gov>; Tucker, Brooks < va.gov>
Cc: (b)(6) @va.gov>
Subject: Re: VSO letter for TF review

It's going out electronically so no address or anything needed.

Get Outlook for iOS

From: McVicker, Carrie A. (b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 10:11:23 AM
To: Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>
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VHA Deputy Chief of Staff
W: 202-461-(b)(6)
C: 202-769-

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Ma'am / Gentlemen.

Attached letter is ready for TF review and concurrence.

Standing by.

V/R

Carrie

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6)@va.gov
(202) 461(b)(6)

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

April 29, 2020

Dear Veterans Service Organization Partner:

Thank you for your continued partnership and support of the Department of Veterans Affairs (VA) as we work together, as a Nation, to combat Novel Coronavirus (COVID-19). This is a historic moment, and I am proud to have some of the best people in the business taking care of our Veterans every single day.

As you are aware, VA conducts hundreds, if not thousands, of studies/records reviews every year on several health-related issues, as we are one of the largest health research organizations in the world. We also routinely partner with dozens of premier educational institutions on cutting edge research and have innumerable accomplishments and patents to our name. You, our nation's Veterans, as well as the rest of humanity, benefit from these efforts, managed by the Veterans Health Administration's Office of Research and Development. If they choose, Veterans can participate in a variety of studies and clinical trials. Collected data on demographics, population health, and clinical outcomes are used to inform others, and this is part of what makes VA one of the most effective and innovative health care systems in the Nation.

Recently, a records review was posted on a public website at the request of the New England Journal of Medicine, out of one of our medical centers. The review documented some initial findings on the use of hydroxychloroquine for treating COVID-19 that gained a lot of media attention. This led to misinformation about what did and did not happen at VA, and what the findings indicated. I would like to update you directly and provide the following:

- This was not a clinical trial. It was an analysis of retrospective data regarding hospitalized patients. The findings should not be viewed as definitive because the analysis did not adjust for patients' clinical status. It has also yet to undergo peer review, which would assess the quality control measures needed for a suitable scientific publication.
- Second, this report on a retrospective record review was a description of treatment practices and outcomes rather than an "experiment." The cohort studied exclusively included COVID-19 patients who were admitted between March 11, 2020 and April 11, 2020 across VHA. All cohort members were Veterans with a median age of 58 years old. All were men.

- The records review reported outcomes where hydroxychloroquine alone was provided to our sickest COVID-19 patients. The Veterans who received hydroxychloroquine were at highest risk prior to receiving the medication. This was done with informed consent of the Veterans or their families, and in accordance with protocols established for "off label" uses of routinely used medications.
- Hydroxychloroquine is not an "experimental drug." It has been in use for years to prevent or treat malaria, lupus, rheumatoid arthritis, and related conditions. Many of you may have taken it as part of your service overseas.
- U.S. Food and Drug Administration guidance states: "[Hydroxychloroquine and chloroquine] are being studied in clinical trials for COVID-19, and we authorize their temporary use during the COVID-19 pandemic for treatment of the virus in hospitalized patients when clinical trials are not available."
    - Source: https://www.fda.gov/drugs/drug-safety-and-availability/fda-cautions-against-use-hydroxychloroquine-or-chloroquine-covid-19-outside-hospital-setting-or.
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I hope this provides useful context in interpreting some of the news reports surrounding the VA study. Our number one priority is keeping Veterans, their families, and our staff safe and healthy.

Thank you again for your support for VA and service to our Nation.

Sincerely

Robert L. Wilkie

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Sent: Wed, 29 Apr 2020 14:11:23 +0000
To: Syrek, Christopher D. (Chris);Cashour, Curtis;(b)(6) Powers, Pamela;Hutton, James;Tucker, Brooks
Cc: (b)(6)
Subject: RE: VSO letter for TF review
Attachments: Study Letter to VSOs II (002) w gc edit.docx

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***ADDRESSES**

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From: Syrek, Christopher D. (Chris) (b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 10:20 AM
To: McVicker, Carrie A. (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James @va.gov>; Tucker, Brooks (b)(6) va.gov>
Cc: (b)(6) @va.gov>
Subject: Re: VSO letter for TF review

It's going out electronically so no address or anything needed.

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From: McVicker, Carrie A. (b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 10:11:23 AM
To: Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis (b)(6) va.gov>; (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Tucker, Brooks (b)(6) va.gov>
Cc (b)(6) va.gov>
Subject: RE: VSO letter for TF review

Yes. How do you want the salutation to look? Do you want anything on the top?

Here is the final cleaned up.

V/R

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461-(b)(6)

From: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 10:07 AM
To: McVicker, Carrie A. <(b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Tucker, Brooks (b)(6) va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

TF has been (b)(5)
(b)(5)

Carrie – can you package and send the final for DEPSEC and I to authorize autopen?

Adding (b)(6) here, he will send to final to VSOs.

From: McVicker, Carrie A. <(b)(6) @va.gov>
Sent: Wednesday, April 29, 2020 6:43 AM
To: Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; (b)(6) va.gov>; Powers, Pamela (b)(6) va.gov>; Hutton, James (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Chris – using track changes on top of Curt's edits – I added in the OGC edits that worked within the current draft.

V/R

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461(b)(6)

From: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 8:15 PM
To: Cashour, Curtis (b)(6) @va.gov>; (b)(6) @va.gov>; McVicker, Carrie A. (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Hutton, James

(b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Carrie –

Little late to the party here but GC chimed in with a few edits.

I would not make the (b)(5)
(b)(5)

(b)(6) what is your take?

From: Cashour, Curtis <(b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 5:55 PM
To: (b)(6) @va.gov>; McVicker, Carrie A. (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James <(b)(6) @va.gov>
Subject: RE: VSO letter for TF review

A couple edits for clarity and brevity.

Will let you know when we hear back from the TF.

Curt Cashour
Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
202-461-(b)(6)
(b)(6) @va.gov
@curtcashour

From: (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 5:51 PM
To: McVicker, Carrie A (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis <(b)(6) va.gov>; Powers, Pamela va.gov>; Hutton, James <(b)(6) va.gov>
Subject: RE: VSO letter for TF review

I had a couple more edits..

Also the University of Virginia, and NIH funded this.

From: McVicker, Carrie A. (b)(6) va.gov>
Sent: Tuesday, April 28, 2020 5:35 PM
To: (b)(6) va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>;

Cashour, Curtis <(b)(6) va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James <(b)(6) @va.gov>
Subject: RE: VSO letter for TF review

(b)(6) I think I got it I went line by line and what I just sent should just about mirror your latest edits.

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461-(b)(6)

From (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 5:34 PM
To: McVicker, Carrie A. (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; Powers, Pamela a.gov>; Hutton, James (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Ok. I will edit it.

From: McVicker, Carrie A. <(b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 5:31 PM
To: (b)(6) @va.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

In trying to do a side by side of the current version vs (b)(6) s edits. I could only find a few words difference in them. See in RED.

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461-(b)(6)

From: (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 5:20 PM
To: McVicker, Carrie A. <(b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; Powers, Pamela va.gov>; Hutton, James <(b)(6) @va.gov>
Subject: RE: VSO letter for TF review

I sent these edits earlier

(b)(6)
VHA Deputy Chief of Staff
W: 202-461-(b)(6)
C: 202-769-(b)(6)

Sent with BlackBerry Work
(www.blackberry.com)

From: McVicker, Carrie A. (b)(6)@va.gov>
Date: Tuesday, Apr 28, 2020, 4:59 PM
To: Syrek, Christopher D. (Chris) (b)(6)@va.gov>, Cashour, Curtis (b)(6)@va.gov>, Powers, Pamela (b)(6)@va.gov>, Hutton, James <(b)(6)@va.gov>
Cc: (b)(6)@va.gov>
Subject: RE: VSO letter for TF review

Yes standing by.

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6)@va.gov
(202) 461-(b)(6)

From: Syrek, Christopher D. (Chris) (b)(6)@va.gov>
Sent: Tuesday, April 28, 2020 4:56 PM
To: Cashour, Curtis (b)(6)@va.gov>; McVicker, Carrie A. (b)(6)@va.gov>; Powers, Pamela (b)(6)@va.gov>; Hutton, James <(b)(6)@va.gov>
Cc (b)(6)@va.gov>
Subject: RE: VSO letter for TF review

Thanks Curt.

(b)(6) will need these answers ASAP.

Carrie is on here as well to amend letter with any changes.

From: Cashour, Curtis <(b)(6)@va.gov>
Sent: Tuesday, April 28, 2020 4:50 PM
To: Syrek, Christopher D. (Chris) (b)(6)@va.gov>; McVicker, Carrie A. (b)(6)@va.gov>; Powers, Pamela (b)(6)@va.gov>; Hutton, James va.gov>
Cc (b)(6)@va.gov>
Subject: RE: VSO letter for TF review

James sent to the TF, but adding Jon in the hopes he can clear up a couple of important items.

- The letter refers to the hydroxychloroquine review in question as a (b)(5)
  (b)(5)
- Is the hydroxychloroquine review in question (b)(5)
  (b)(5)

Curt Cashour
Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
202-461-(b)(6)
(b)(6) @va.gov
@curtcashour

From: Syrek, Christopher D. (Chris) (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 4:38 PM
To: McVicker, Carrie A. (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>
Subject: RE: VSO letter for TF review

Thanks Carrie.

Curt/James – can you whip this through TF comms folks for a quick review as this came up quite a bit in POTUS press conferences. Want to make sure we are in synch.

Need this back tonight so we can package for (b)(6) to send to VSOs ahead of tomorrow's call.

From: McVicker, Carrie A. (b)(6) @va.gov>
Sent: Tuesday, April 28, 2020 4:36 PM
To: Powers, Pamela (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>
Subject: VSO letter for TF review

Ma'am / Gentlemen.

Attached letter is ready for TF review and concurrence.

Standing by.

V/R

Carrie

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6)@va.gov
(202) 461-(b)(6)

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

Dear Veterans Service Organization Partner:

Thank you for your continued partnership and support of the Department of Veterans Affairs (VA) as we work together, as a Nation, to combat Novel Coronavirus (COVID-19). This is a historic moment, and I am proud to have some of the best people in the business taking care of our Veterans every single day.

As you are aware, VA conducts hundreds, if not thousands, of studies/records reviews every year on several health-related issues, as we are one of the largest health research organizations in the world. We also routinely partner with dozens of premier educational institutions on cutting edge research and have innumerable accomplishments and patents to our name. You, our nation's Veterans, as well as the rest of humanity, benefit from these efforts, managed by the Veterans Health Administration's Office of Research and Development. If they choose, Veterans can participate in a variety of studies and clinical trials. Collected data on demographics, population health, and clinical outcomes are used to inform others, and this is part of what makes VA one of the most effective and innovative health care systems in the Nation.

Recently, a records review was posted on a public website at the request of the New England Journal of Medicine, out of one of our medical centers. The review documented some initial findings on the use of hydroxychloroquine for treating COVID-19 that gained a lot of media attention. This led to misinformation about what did and did not happen at VA, and what the findings indicated. I would like to update you directly and provide the following:

- This was not a clinical trial. It was an analysis of retrospective data regarding hospitalized patients. The findings should not be viewed as definitive because the analysis did not adjust for patients' clinical status. It has also yet to undergo peer review, which would assess the quality control measures needed for a suitable scientific publication.
- Second, this report on a retrospective record review was a description of treatment practices and outcomes rather than an "experiment." The cohort studied exclusively included COVID-19 patients who were admitted between March 11, 2020 and April 11, 2020 across VHA. All cohort members were Veterans with a median age of 58 years old. All were men.

- The records review reported outcomes where hydroxychloroquine alone was provided to our sickest COVID-19 patients. The Veterans who received hydroxychloroquine were at highest risk prior to receiving the medication. This was done with informed consent of the Veterans or their families, and in accordance with protocols established for "off label" uses of routinely used medications.
- Hydroxychloroquine is not an "experimental drug." It has been in use for years to prevent or treat malaria, lupus, rheumatoid arthritis, and related conditions. Many of you may have taken it as part of your service overseas.
- U.S. Food and Drug Administration guidance states: "[Hydroxychloroquine and chloroquine] are being studied in clinical trials for COVID-19, and we authorize their temporary use during the COVID-19 pandemic for treatment of the virus in hospitalized patients when clinical trials are not available."
    - Source: https://www.fda.gov/drugs/drug-safety-and-availability/fda-cautions-against-use-hydroxychloroquine-or-chloroquine-covid-19-outside-hospital-setting-or.
- VA is adhering to these guidelines, only using hydroxychloroquine to treat COVID-19 in cases where Veteran patients and their providers determine it is medically necessary.
- Use of this medication for treatment of COVID-19 is considered "off label" – perfectly legal and not rare (20% of all medications prescribed). Another example of "off label" is using aspirin once a day to reduce the chance of a heart attack.

I hope this provides useful context in interpreting some of the news reports surrounding the VA study. Our number one priority is keeping Veterans, their families, and our staff safe and healthy.

Thank you again for your support for VA and service to our Nation.

Sincerely

Robert L. Wilkie

From: Cashour, Curtis
Sent: Tue, 21 Apr 2020 22:22:55 +0000
To: RLW
Cc: Powers, Pamela;Syrek, Christopher D. (Chris);Hutton, James
Subject: talking points on hydroxychloroquine study

Sir,

James asked me to send you the below VHA-approved points on this study on hydroxychloroquine.

###

(b)(5)

Q: Does this study mean hydroxychloroquine is actually detrimental to COVID patients?
A: (b)(5)

Q: Is this study conclusive? It appears peer-review is still necessary.
A: (b)(5)

Q: Why was this put on a website if it is not complete?
A: (b)(5)

(b)(5)

Curt Cashour
Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
202-461-(b)(6)
(b)(6) va.gov
@curtcashour

From: Hutton, James
Sent: Sun, 17 May 2020 12:39:49 +0000
To: Haverstock, Cathy;Tucker, Brooks;Syrek, Christopher D. (Chris);Powers, Pamela;Cashour, Curtis;Hudson, William A. (OGC)
Subject: RE: CNN - Preparation
Attachments: cnn-respond-jeh.docx

Thanks. That's in the product in a different section. We've emphasized in interviews that, that is our only enforcement option and that it would prove onerous on the Veterans involved.

James

James Hutton
Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-(b)(6)
Email: (b)(6) @va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Haverstock, Cathy <(b)(6) @va.gov>
Sent: Sunday, May 17, 2020 8:21 AM
To: Hutton, James <(b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; Hudson, William A. (OGC (b)(6) @va.gov>
Subject: Re: CNN - Preparation

This horse may be dead but on the " (b)(5)
(b)(5)

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From: Hutton, James (b)(6) @va.gov>
Sent: Sunday, May 17, 2020 8:17:18 AM
To: Haverstock, Cathy <(b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Cashour, Curti (b)(6) @va.gov>; Hudson, William A. (OGC) <(b)(6) @va.gov>
Subject: RE: CNN - Preparation

So maybe we should shoot for him going on CNN on Tuesday (if live it would be at 4:00 p.m.) or even Wednesday.

James

James Hutton
Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461(b)(6)
Emai(b)(6)@va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Haverstock, Cathy(b)(6)@va.gov>
Sent: Sunday, May 17, 2020 8:14 AM
To: Hutton, James(b)(6)@va.gov>; Tucker, Brooks <(b)(6)va.gov>; Syrek, Christopher D. (Chris) <(b)(6)@va.gov>; Powers, Pamela(b)(6)@va.gov>; Cashour, Curtis <(b)(6)@va.gov>; Hudson, William A. (OGC) <(b)(6)@va.gov>
Subject: Re: CNN - Preparation

Yes noon in Rayburn 2359. Confirmed on their website

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From: Hutton, James(b)(6)@va.gov>
Sent: Sunday, May 17, 2020 8:03:36 AM
To: Tucker, Brooks(b)(6)@va.gov>; Syrek, Christopher D. (Chris)(b)(6)@va.gov>; Powers, Pamela <(b)(6)@va.gov>; Cashour, Curtis(b)(6)va.gov>; Hudson, William A. (OGC) <(b)(6)@va.gov>; Haverstock, Cathy <(b)(6)@va.gov>
Subject: Re: CNN - Preparation

Adding Cathy,

What time does the Secretary testify Tuesday?

James

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From: Tucker, Brooks <(b)(6)@va.gov>
Sent: Sunday, May 17, 2020 8:02 AM
To: Syrek, Christopher D. (Chris); Powers, Pamela; Hutton, James; Cashour, Curtis; Hudson, William A. (OGC)
Subject: Re: CNN - Preparation

If this CNN response occurs before the HAC hearing then HAC MC-VA May attempt to portray VA as (b)(5)

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From: Syrek, Christopher D. (Chris) <(b)(6)@va.gov>
Sent: Sunday, May 17, 2020 7:58:49 AM
To: Tucker, Brooks <(b)(6)@va.gov>; Powers, Pamela <(b)(6)@va.gov>; Hutton, James <(b)(6)@va.gov>; Cashour, Curtis <(b)(6)@va.gov>; Hudson, William A. (OGC) <(b)(6)@va.gov>
Subject: RE: CNN - Preparation

One comment – in the last paragraph I would be careful stating that the states are trying to (b)(5)
(b)(5)

From: Tucker, Brooks <(b)(6)@va.gov>
Sent: Sunday, May 17, 2020 7:45 AM
To: Powers, Pamela <(b)(6)@va.gov>; Hutton, James <(b)(6)@va.gov>; Syrek, Christopher D. (Chris) <(b)(6)@va.gov>; Cashour, Curtis <(b)(6)@va.gov>; Hudson, William A. (OGC) <(b)(6)@va.gov>
Subject: Re: CNN - Preparation

Agree, but we do consult with them and that shows we aren't just (b)(5)
(b)(5).

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From: Powers, Pamela <(b)(6)@va.gov>
Sent: Sunday, May 17, 2020 7:43:31 AM
To: Tucker, Brooks <(b)(6)@va.gov>; Hutton, James <(b)(6)@va.gov>; Syrek, Christopher D. (Chris) <(b)(6)@va.gov>; Cashour, Curtis <(b)(6)@va.gov>; Hudson, William A. (OGC) <(b)(6)@va.gov>
Subject: Re: CNN - Preparation

I think we have a vulnerability saying we cannot (b)(5)
(b)(5)

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From: Tucker, Brooks <(b)(6)@va.gov>
Sent: Sunday, May 17, 2020 6:56:33 AM
To: Hutton, James <(b)(6)@va.gov>; Syrek, Christopher D. (Chris) <(b)(6)@va.gov>;

Cashour, Curtis <(b)(6)@va.gov>; Hudson, William A. (OGC) <(b)(6)@va.gov>
Cc: Powers, Pamela <(b)(6)@va.gov>
Subject: Re: CNN - Preparation

Should we add after "(b)(5)
(b)(5)

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From: Hutton, James <(b)(6)@va.gov>
Sent: Sunday, May 17, 2020 2:53 AM
To: Tucker, Brooks; Syrek, Christopher D. (Chris); Cashour, Curtis; Hudson, William A. (OGC)
Cc: Powers, Pamela
Subject: RE: CNN - Preparation

Brooks and team,

The attached is updated for the Secretary's use in preparing for a possible CNN interview.

I'm also sending it to White House comms at their request.

The attached is the CNN transcript with our rebuttal in red. We don't intend to send this to CNN, it is intend as prep material for the Secretary.

If there are significant issues with the items in red, please let me know NLT 11:00 a.m. this morning (Sunday).

I intend to send to the Secretary NLT 11:30 a.m.

James

James Hutton
Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-(b)(6)
Email:(b)(6)@va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Hutton, James
Sent: Saturday, May 16, 2020 7:55 AM
To: RLW(b)(6)@va.gov>
Cc: Powers, Pamela <(b)(6)@va.gov>; Tucker, Brooks (b)(6)@va.gov>; Syrek,

Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; Hudson, William A. (OGC) <(b)(6) @va.gov>
Subject: CNN - Preparation

Mr. Secretary,

Based on your message last night, I've taken the transcript from the CNN piece and provided commentary on the attached document. My comments are in red script.

I didn't have all of the numbers, which we can likely get soon, but most of the rebuttal is there. It's clear the intent was to (b)(5)
(b)(5)

Please let me know if there are other things you need.

James

James Hutton
Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
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Office: 202-461 (b)(6)
Email (b)(6) @va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

CNN: **Veterans who sacrificed for their country battle coronavirus threat** (15 May, Jake Tapper and Chandler Schlegel)

More than 40 years after serving his country in the Vietnam War, John Rowan and many of his fellow veterans are facing a new terrifying reality at home: surviving the coronavirus pandemic.

Like thousands of Vietnam-era veterans, Rowan is entering his mid-70's and suffers from preexisting conditions, meaning he faces a significantly higher risk of death if he contracts the coronavirus.

"It felt like I had a target on my back," Rowan, the president of Vietnam Veterans of America, told CNN. "Older male with preexisting conditions. That's me and every Vietnam veteran I know practically."

When the coronavirus outbreak first reached the US earlier this year, the Department of Veterans Affairs acted quickly to implement restrictive measures at hundreds of nursing homes around the country in an effort to lower the risk of exposure to the virus among older veterans who are particularly vulnerable to infection. **This is accurate.**

But months later, there is still a growing fear that older veterans remain at risk, especially after the VA released disturbing new numbers this week. At least 985 coronavirus patients have died after receiving some type of care from VA medical facilities, which serve more than **six** million people across the country. **VA serves 9 million enrolled Veterans.**

If the VA hospitals and state-run nursing homes were a state, it would rank 16th for total coronavirus deaths, according to the data available. **Combining figures from VA and state-run homes is** (b)(5)

(b)(5)

And outside of the federal system, the number of veteran deaths at state-run nursing homes has skyrocketed in recent weeks.

"This disease once it got into these nursing homes, these veteran homes before anybody knew it, it was running rampant," Rowan said. **The policies of some states likely contributed to the**

(b)(5)

Veterans advocacy groups have raised questions about various elements of the VA's response to the coronavirus outbreak, including its initial handling of the outbreak and its continued use of hydroxychloroquine to treat the virus despite warnings from health officials that it may do more harm than good. **VA has never acted outside of** (b)(5)

(b)(5)

Among the most important, however, are concerns related to VA's oversight of state-run facilities.

More than 550 residents of veterans nursing homes across the country have died from the virus, according to a report from the Vietnam Veterans of America, which notes not all states are

reporting their numbers. **Federal law states that VA "shall have no authority over the management or control of any State [Veterans] home." The number of deaths at VA nursing homes is** (b)(5)

(b)(5)

Families of those residents have been forced to face unfathomable and painful realities as their loved ones fight for their lives.

Sometimes families have been kept in the dark as they wait to hear about whether their family member is still alive, as was the case in Holyoke, Massachusetts where more than 70 residents have died from Covid-19. **VA discussed with Holyoke Soldiers' Home sending medical personnel and taking up to 40 patients from the facility. The state declined VA's offer. VA can offer assistance to states, but is not** (b)(5)

"I took a grease crayon and wrote on my car: is my father alive? shame on you, soldiers home," Susan Kenney, whose 78-year-old father, Air Force veteran Charlie Lowell, died after being diagnosed with pneumonia at the Holyoke Soldier's home, told CNN affiliate WCVB.

Despite the fact that these state-run facilities receive partial funding and oversight from the VA, department Secretary Robert Willkie is bucking blame and instead pointing the finger at local governments he says are responsible. **Individual states – not the federal Department of Veterans Affairs – are s** (b)(5)

(b)(5)

"We take complaints when we hear complaints ... we cannot impose our will on those state venues," Wilkie said in an interview on Fox News earlier this month. **Again, the law is clear. Is there a suggestion VA should take** (b)(5)

VA spokesperson Christina Noel told CNN that federal law states the VA "**shall have no authority over the management or control of any State (Veterans) home**." And that individual states, not the federal government "are solely responsible for the operation and management of state-run Veterans homes and any problems that arise within them." **VA has quickly responded to requests from states that need help keeping elderly Veterans and non-Veterans in their charge safe. What we cannot do, based on the** (b)(5)

(b)(5)

"VA operates and oversees 134 of its own nursing homes -- known as community living centers -- across the country. These homes are separate from state-run Veterans homes and benefitted from important early steps we took to prevent the spread of Covid-19, such as a strict limitation on visitors, including family members. As a result, many VA nursing homes have few, if any, Covid-19 cases," **the spokesperson added**. **The early efforts, and our ongoing treatment of Veterans in our nursing homes --- much like that of an acute care facility --- can serve as an example for the states.**

But former VA Assistant Secretary for Policy and Planning, Linda Schwartz, pushed back on Wilkie's comments, saying the secretary can create and enforce guidelines to hold these homes accountable. **Schwartz obviously does not** (b)(5)

(b)(5)

"They have the authority to make changes, and they have in the past," she told CNN. "There is a real need to do an analysis of what is going on. It can't be something that takes years, it has to be now. Taking care of veterans is a great honor and responsibility." **Schwartz is just plain**
(b)(5)

"(It's) sad to think how many we will be mourning this year who died because of a virus and not on the battlefield. In a way, the battlefield is in the streets of America today," Schwartz added. Asked if there is anything the department wishes it could have done better, Noel said: "VA grieves for all of the Veterans and loved ones affected by this heartbreaking situation." **VA is at the forefront of attacking this disease for its 9 million enrolled Veterans. Instead of confusing Veterans in state-run Veterans homes and trying to** (b)(5)
(b)(5)

From: Hutton, James
Sent: Thu, 28 May 2020 20:28:42 +0000
To: RLW
Cc: Powers, Pamela;Tucker, Brooks;Syrek, Christopher D. (Chris);Cashour, Curtis;Hudson, William A. (OGC);(b)(6) Haverstock, Cathy
Subject: AP: VA says it'll stop almost all use of unproven drug on vets

Associated Press

VA says it'll stop almost all use of unproven drug on vets

Veterans Affairs Secretary Robert Wilkie says his department has all but stopped use of an unproven malaria drug on veterans with COVID-19

By HOPE YEN Associated Press
May 28, 2020, 3:14 PM

WASHINGTON -- Veterans Affairs Secretary Robert Wilkie said Thursday that his department has all but stopped use of an unproven malaria drug on veterans with COVID-19.

At a House hearing, he defended initial use of hydroxychloroquine on coronavirus patients as justified "to give them hope," given few treatment options at the time. But Wilkie said that government-run VA hospitals have "ratcheted it down" — to just three prescriptions in the last week — as studies pointed to possible dangers and other possible treatments were brought online. "I expect that trend to continue in the future," he added.

President Donald Trump has heavily pitched the drug — even saying in recent days he had been taking it to prevent coronavirus infection — without scientific evidence of its effectiveness.

"We are all learning as we go in this crisis," Wilkie told a House appropriations subcommittee. "Our mission is to preserve and protect life."

The department, which is the nation's largest hospital system, has recently been turning to remdesivir. Preliminary results from a major study found reduced recovery time, as well as convalescent plasma.

According to the VA's website, 13,657 veterans have been infected with the coronavirus, and 1,200 have died.

Major veterans organizations had called on the VA to explain its use of hydroxychloroquine after an analysis of VA hospital data was published month showing hundreds of veterans who took the drug saw no benefit for COVID-19. About 28% of veterans who were given hydroxychloroquine plus usual care died, versus 11% of those getting routine care alone.

VA data provided Thursday to Congress show that weekly prescriptions for hydroxychloroquine surged from about two in mid-March to a peak of 404 about two weeks later as Trump began promoting its use. They remained at higher levels before tapering off in late April amid backlash over results of the VA hospital analysis and as remdesivir emerged as a form of treatment. In all, 1,370 veterans were prescribed hydroxychloroquine for COVID-19.

Wilkie said Thursday that he expected the VA to continue using the drug in limited forms such as clinical trials, based in part on the guidance of Dr. Anthony Fauci, the nation’s top infectious-diseases expert and a member of the White House coronavirus task force.

That answer drew a rebuke from Rep. Nita Lowey, D-N.Y., chair of the appropriations committee, who said the VA should have been listening to Fauci's counsel urging caution on the drug from the start.

“I hope VA will respond to the science that is clearly coming from Dr. Fauci, rather than some wishful thinking coming from the president,” Lowey said.

No large, rigorous studies have found hydroxychloroquine safe or effective for COVID-19, and it can cause heart rhythm problems and other serious side effects. The Food and Drug Administration has warned against the drug and said hydroxychloroquine should only be used for the coronavirus in formal studies.

The VA has said it prescribed the drug only when medically appropriate, after full discussion between doctor and patient about the risks.

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From: Syrek, Christopher D. (Chris)
Sent: Sat, 23 May 2020 18:56:07 +0000
To: Tucker, Brooks(b)(6) EOP/OMB;DL OMB Dir Office OMB_COVID19OPS
Cc: RLW;Powers, Pamela;Mashburn, John K.;(b)(6) Hutton, James;Cashour, Curtis;Connell, Lawrence B.;(b)(6) ;Nevins, Kristan K. EOP/WHO(b)(6) EOP/WHO(b)(6) EOP/WHO;(b)(6) (b)(6) EOP/WHO;(b)(6) Omb.eop.gov;(b)(6) EOP/OVP(b)(6) EOP/OMB;(b)(6) EOP/OMB
Subject: VA_5.23.20_COVID19 Daily Report (002) (002) (002)
Attachments: VA_5.23.20_COVID19 Daily Report (002) (002) (002).docx, VA Veteran COVID Cases 5-23-2020.docx, VA Employee COVID Cases 5-23-2020.pdf

Good afternoon,

Please see attached VA Daily Report.

- 1 new Mission Assignment – In Mississippi VA will provide State Veteran Home Staff Support. VA will provide registered nurses, 2 licensed practical nurses and 2 certified nursing assistants or similar
- VA has received 43 Mission Assignments during COVID-19, 36 are still active, 7 have been closed
- Outreach:
    - Sec. Wilkie was interviewed by America's HQ on Fox News for Memorial Day https://video.foxnews.com/v/6158768721001#sp=show-clips
    - Under Secretary for Memorial Affairs Randy Reeves appeared on Fox News to discuss protocol at VA Cemeteries during Memorial Day

      https://www.foxnews.com/media/va-undersecretary-addresses-flag-controversy-for-2020-memorial-day
- Case Data

- 11,185 Total Positive Veteran COVID-19 Cases (+171 cases from yesterday)
- 1,626 Positive Veteran Cases (-7 cases from yesterday)
- 8,485 Convalescent Veteran Cases (+172 cases from yesterday). Convalescent cases are defined as 14 days post positive test results for outpatients and discharged status for inpatients. These are essentially "recovered" cases.
- Veteran Deaths: 1,074 veterans have died from COVID-19 (+6 from yesterday)
- 1,180 Employee Cases (-19 from yesterday)
- No new employee deaths
- VA Veteran and Employee Case Data is attached

COVID-19 – Agency Response
5/23/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **VA has received 43 Mission Assignments during COVID-19, 36 are still active, 7 have been closed**
- **Update on FEMA Active VA Mission Assignments**
  - VA NY Harbor: 111 patients, 79 discharges, 18 deaths
  - VA New Jersey: 31 patients, 19 discharge, 7 deaths
  - VA San Francisco: 1 discharge, no deaths
  - VA Miami: 1 discharge, no deaths
  - VA Ann Arbor: 36 patients, 21 discharges, 6 deaths
  - Detroit: 22 patients, 15 discharge, 7 death
  - Albuquerque: 6 patients from Navajo Nation, previously in Gallup IHS facility. 4 discharged, 1 death.
  - VA Chicago (Hines, Jesse Brown Marion) – 23 patients, 6 discharges, 1 death
  - Spokane, WA – 2 patients, no discharges, no deaths
  - Hew Haven CT – Homeless Outreach Assistance, 3 clinicians
  - Oregon / Roseburg VAMC - 25 Med/Surg beds. No patients received at this time.
  - New Jersey State Veterans Homes (Paramus & Meno Park) – Nurses, staffing, telehealth, and supplies.
  - Florida Nursing Home Support: Starting today, VA will begin providing staffing and technical support to 12 non-VA nursing homes in Florida, a state that has seen COVID-19 emerge among these vulnerable populations. More than 80 physicians, nurses and nurses aides will begin rotations at these homes to provide direct care and advice about controlling infectious disease.
  - Portland Oregon Beds - 25 short term acute care (med/surg) and 5 intensive care (ICU) beds at the Portland VAMC for non-covid and covid-positive patients.
  - Washington State Veteran Home support and testing support
  - Alabama - Bill Nichols State Veterans Home in Alexander City, AL, provide 4 registered nurses and 5 nursing assistants
  - Pennsylvania - Nursing Home Staff - Spring City, PA Staff RN/LPN (20)
  - Delaware – Department of Public Health Staff Support. VA is sending 10 RN/LPN/NA to cover 3 nursing homes
  - Wisconsin – Provide 2 pharmacists and 2 respiratory therapists to a mission in Milwaukee
  - Nebraska – VA will provide testing support in Omaha
  - Des Moines/Iowa City – 20 med/surg or ICU beds, no patients received to date
  - Iowa – VA to provide staffing to support State Veteran Home at Marshalltown, Iowa. Staffing to include RN (4); LPN (16); NA (27)
  - California - Nursing Home Staff support. Four 6-person teams to provide nursing consultation support to long term care (nursing home) facilities in Los Angeles County region
  - Illinois Nursing Home Support – VA will provide 60 of our Community Living Center beds for Illinois civilian nursing home patients. The beds will be provided at the Edward J. Hines Medical (Chicago), Danville Medical Center (Danville) and/or Lovell Federal Health Care Center (North Chicago).

- Illinois Inpatient Beds – This is an extension of the Mission Assignment in Chicago listed above for beds Hines, Jesse Brown and Marion.
- New Jersey – VA to provide 4 licensed social workers to support patients in State Veterans homes; specific location TBD
- Texas – VA will provide State Veterans Homes Testing and Support, will also provide staff and support services to assist Texas Veterans Land Board with collection and processing of biological samples for testing and analysis. Services will be provided for patients and staff at state veterans homes in Floresville, TX and Temple, TX.
- VA also extended our liaisons detail to the FEMA National Response Coordination Center until June 3, 2020.
- Support to Indian Health Centers and Navajo Nation: 15 personnel for a 30-day period. (May 5 – June 5). IHS Indian Medical Center in Gallup NM, seven (7) ER nurses and 2 RNs; IHS Crownpoint, Hospital two (2) RN's; IHS Kayenta Health Center, two (2) RNs; IHS Northern Navajo Medical Center, two (2) RNs
- Navajo Nation Nursing Support – Tuba City. VA will provide (6) Med Surge Nurses (RNs), (6) Emergency Room RNs and (4) Intensive Care Unit Nurses (RNs)
- North Carolina – VA will provide testing services in support of vulnerable residents/patients and staff at licensed care facilities.
- North Carolina - Staff Support to nursing home including: 1 van driver, 3 Community Living Center nurses, 2 infection control nurses, 1 social work, 1 public affairs officer, 4 nurse screeners, 1 Administrative lead, 4 RNs, and 4 LPNs.
- New Jersey: VA will provide (5) teams of 10 nursing staff to assist with COVID-19 outbreaks in private nursing homes. We will be providing clinical staffing support, and education and consultation on infection control procedures
- Rhode Island: 12 nursing assistants to provide patient care at State Veterans Home in Bristol
- Oregon: VA will provide long term care support teams to the State of Oregon to conduct assessments and training at long term care facilities at multiple locations throughout the state.
- Minnesota – VA will provide up to 50 RN/LPN personnel to support direct patient care at long term care facilities for up to 30 days.
- Mississippi – VA will provide staff and support services to assist Mississippi State Veterans Homes with fit testing and proper utilization of PPE. VHA will provide two teams of 4 to provide training and education of PPE; an industrial hygienist for fit testing and up to 8 RNs.
- **Mississippi – State Veteran Home Staff Support. VA will provide registered nurses, 2 licensed practical nurses and 2 certified nursing assistants or similar *New Mission Assignment**

CARES ACT IMPLEMENTATION – KEY ACTIVITIES AND MILESTONES
(Please also include activities related to the implementation of other COVID-related supplementary funding legislation, including P.L. 116-127 and P.L. 116-123)

- CARES Act, Section 4022. Foreclosure Moratorium and Consumer Right to Request Forbearance: notified OMB's Veterans Affairs and Defense Health Branch of interpretation concerns to ensure that all federal housing agencies impacted by these sections are consistent in implementing the new law, as requested by OMB.
- OIT will complete circuit installs at all four gateways by April 3rd, doubling network bandwidth to 160GBs
- OIT has approved 31 COVID-19 Memos valued at $371.02M

- Working with VHA, VBA, OIT to prepare spend plans and regular reporting templates for CARES Act funding.
- VBA Received $13M in GOE supplemental funding for COVID-19 related issues such as purchase of equipment and supplies to support telework posture and employee health and safety as well as scheduled deep cleaning of buildings/offices occupied by VBA personnel
- Office of Information Technology CARES Act Supplemental Funding apportionment ($2.15B) approved by OMB. Funds are available for execution.
- VHA to begin initial distribution to the Healthcare Networks of $5.3 billion (from the total $14.4 billion) in Medical Services funding from the CARES Act Supplemental based upon:
    - FY 2020 Veterans Equitable Resource Allocation (VERA) Model
    - VHA's Bed Management System
    - VHA's Managerial Cost Accounting (MCA) system
- As of 6 April 2020, VA reported $768.1 million in total COVID -19 obligations, an increase of $371 million from 2 April 2020.
- OIT has Increased telehealth capacity by 15% and can support 11K concurrent sessions
- As of April 9, VA obligated $768M in total COVID -19 obligations and anticipates surpassing $1B in COVID-19 related obligations by the end of this week.
    - <u>Examples of VA Purchases</u>
        - Centralized Contracting: 60 awards valued at $338,803,651.
        - National Acquisition Center (NAC): $2,499,317 (Pharmacy/Medical Equipment)
        - Technology Acquisition Center (TAC): $308,789,039 (IT Equipment)
        - Strategic Acquisition Center (SAC): $27,515,605 (Medical Surgical Supplies)
        - Veterans Health Administration (VHA) at the regional and local level: 1,633 awards valued at $519,933,615 (Medical Surgical Supplies)
        - Contracts to support national purchases of Personal Protective Equipment (PPE) and medical equipment (e.g., ventilators) as well as costs associated with level-setting PPE and medical equipment throughout the country
        - Travel, housing, and other support for employees deploying to other medical centers
        - Salary costs incurred to hire and retain staff to support the pandemic
        - Medical facility costs mostly related to reconfiguring space to open additional beds and creating negative pressure rooms
        - Costs associated with Community Care to cover increased demand in the community by Veterans for both COVID-19 related and non-COVID related medical care
- As of April 14, VA obligated $959 million in total COVID -19 obligations.
- As of April 21, VA's COVID-19 total obligations are $1.160 billion:
    - VHA obligations: $841 million
    - OIT obligations: $319 million
    - To date, $49 million has been spent on Telehealth capabilities and enhancements, which include $4 million in bandwidth upgrades and $42 million to purchase 38K mobile devices and 22K laptops.
- VHA spending on State Home Grants, PPE to state homes, etc.
    - **State Homes:** To date, 23 grant packages totaling $23 million have been received for COVID-19 related projects. Statutory and legislative challenges in the current program are impacting VA's ability to provide the funds before 1 October 2020. Legislative relief is necessary.

- **Medical Facilities:** To date, $170 million has been distributed to the Office of Emergency Management in response to operational issues and overtime pay, and $40 million has been distributed to facilities for expansion of inpatient bed capabilities to include HVAC equipment for negative-pressure rooms and engineering staff overtime.
- **PPE to State Homes:** VHA facilities considering a request from a State Veteran Home for PPE must take into account the impact that providing PPE to State Veteran Homes has on VHA facility operational stock.

- As of Apr 28, VA's COVID-19 total obligations are $1.531 billion (+$371 million from Apr 22)
  - VHA obligations: $1.21 billion (+$369 million), including recent obligations for:
    - $192 million in grants for the homelessness programs (Grant and Per Diem and Supportive Services for Veterans Families); $52 million for supplies including protective gear such as masks and gowns; and $66 million for medical equipment
  - OIT obligations: $321 million (+$2 million), including:
    - Expansion of Telehealth to include 38,000 mobile devices and 22,000 laptops; doubled bandwidth at 30 sites; hardware upgrades to increase video teleconferencing systems by 1,200 concurrent calls; and increased cloud capability to increase capacity by 6,000 concurrent calls
- As of May 5, VA's COVID-19 total obligations are $1.688 billion (+$156 million from Apr 28)
  - VHA obligations: $1.326 billion (+$117 million); Significant procurements this week include $6.7 million for PPE and $4 million in testing support for COVID-19.
  - OIT obligations: $357 million (+$36 million)
  - VBA obligations: $3 million (+$3 million)
- As of May 12, VA's COVID-19 **total obligations** are $1.823 billion (+$135 million from May 5)
  - VHA obligations: $1.427 billion (+$101 million)
  - OIT obligations: $391 million (+$34 million)
    - Significant procurements include $30.64 million to increase support/installation of IT equipment in call centers
  - VBA obligations: $3.7 million (+$110 thousand)
    - Significant procurements include $121.5 thousand on supplies and $72.6 thousand on facility deep cleaning
- As of May 12, VA's COVID-19 **total expenditures** are $610 million
- As of May 19, VA's COVID-19 total obligations are $1.951 billion (+$128 million from May 12):
  - VHA obligations: $1.530 billion (+$103 million)
  - OIT obligations: $415 million (+$24 million)
  - Significant procurements include on-boarding 27 temporary civilian hires; hardware to support Activations and Cyber Security; and additional laptops/cell phones to support increases in VHA telehealth/telemedicine.

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- **NSTR**

Guidance, Communication and Outreach with Stakeholders

- SECVA Media:
    - Sec. Wilkie was interviewed by America's HQ on Fox News for Memorial Day https://video.foxnews.com/v/6158768721001#sp=show-clips
- SECVA calls to Governors or Members of Congress on COVID-19 related issues:
    - No phone call today
- VA Issues the following press release
    - No press releases today
- Under Secretary for Memorial Affairs Randy Reeves appeared on Fox News to discuss protocol at VA Cemeteries during Memorial Day https://www.foxnews.com/media/va-undersecretary-addresses-flag-controversy-for-2020-memorial-day

- **Other Notable Responses**

    - 11,185 Total Positive Veteran COVID-19 Cases (+171 cases from yesterday)
    - 1,626 Positive Veteran Cases (-7 cases from yesterday)
    - 8,485 Convalescent Veteran Cases (+172 cases from yesterday). Convalescent cases are defined as 14 days post positive test results for outpatients and discharged status for inpatients. These are essentially "recovered" cases.
    - **Veteran Deaths: 1,074 veterans have died from COVID-19 (+6 from yesterday)**
    - 105 Active Veteran cases remain greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn)
    - Other areas with 50 or more active veteran cases include Washington, DC (73), Philadelphia (54), Chicago (87), New Jersey (55), Cleveland (51), Albany (60)
    - **Note:** VA Veteran Case data is attached

    - **1,180 VA Positive Employee cases**

        - **This is a decrease of 19 positive employee COVID cases since our last reporting.**
        - The largest clusters of employee cases are our New Orleans Medical Center with 186 employees testing positive and our Greater New York City Area Medical Centers (Bronx, Hudson Valley, Northport, Brooklyn) with 263 employees testing positive
        - Other employee hot spots at our Medical Centers include: New Jersey (49) Chicago (42), Washington, DC (37), Shreveport (21), Boston (49), Dallas (62), Baltimore (27), Portland (28)
        - To date there have been 31 employee deaths: 1 in Ann Arbor, 1 in Detroit, 3 in Indianapolis, 3 in Reno, 1 in Shreveport, 1 in Houston, 1 in Los Angeles. 1 in West Palm Beach, 2 in the Bronx (NY), 1 Manhattan (NY), 1 in Denver and 1 in Brockton (Boston), 1 in Washington, DC and 1 in Northport (NY), 1 in Miami and 1 in New Orleans, 1 in Wilkes-Barre (PA), 5 in New Jersey and 1 in Loma Linda (CA), 1 in Queens (NY) and 1 in Bedford (MA) and 1 in Fayetteville NC.
        - VA Employee COVID Case data is attached

Historical Input

MEDIA, NEWS RELEASE, OUTREACH TO MEMBERS OF CONGRESS AND GOVERNORS, OUTREACH TO VA STAKEHOLDERS

- **The Secretary of Veterans Affairs had the following interviews with press:**

  - Jeff "Goldy" Goldberg, WFNC Radio
  - NBC 4 w/ Scott MacFarlane
  - Jim Blythe, Alliance 4 the Brave (Dallas)
  - Kirsti Marohn, Minnesota Public Radio
  - Ware Morning Show (Radio), San Antonio
  - Fox News Rundown (Taped)
  - Wake Up Tucson, AZ
  - Fred Thys, WBUR Radio (NPR Boston)
  - Moon Griffon Show (LA radio)
  - Leo Shane of Military Times (print)
  - Pensacola's Morning News (FL radio)
  - WWL Radio (New Orleans, LA radio)
  - The Drive with Lee Matthews (Oklahoma City, OK radio)
  - Kevin Miller in the Morning (Boise, ID radio)
  - The Marc Cox morning Show (St Louis, MO radio)
  - Larry O'Connor, WMAL (DC/CA radio)
  - KOAN Radio (Anchorage, AK)
  - Montana Talks Radio.
  - COX Media w/ Samantha Manning
  - The Ross Kaminsky Show (CO radio)
  - Lisa Rein, The Washington Post
  - The Conservative Circus (Phoenix radio)
  - The Bob Rose Show (FL radio)
  - Charlie James Show (SC radio)
  - Mobile Mornings (AL radio)
  - The Mark Sterling Show (NC radio)
  - Fox Across America (Fox News Radio)
  - Richmond's Morning News (VA radio)
  - Ringside Politics (LA radio/tv)
  - The Erick Erickson Show (GA radio)
  - The Sam Malone Show (Houston, TX Radio)
  - The Dale Jackson Show (Huntsville, AL Radio)
  - AM Tampa Bay Radio
  - The John Fredericks Radio Show
  - The Matt and Aunie Show (AL radio)
  - The Schilling Show (VA radio)
  - The Annie Frey Show (St. Louis radio)
  - The Wilkow Majority on Sirius XM radio
  - Bernie and Sid in the Morning (NYC radio)
  - Tom Jordan and Roberta Jasina (Detroit radio)
  - The Frank Beckmann Show (Detroit radio)
  - The Heidi Harris Show (Las Vegas radio)
  - The Steve Gruber Show (Lansing/Flint, MI radio)
  - Morning Talk with Martha Zoller (Atlanta, GA radio)
  - The Brian Kilmeade Show (Fox News Radio)
  - The David Webb Show (SiriusXM radio)

- The Todd Starnes Show (Fox News Radio)
- Joe Piscopo in the Morning (NYC Radio)
- South Florida's First News with Jimmy Cefalo (Miami/Ft. Lauderdale Radio)
- The Bill Spadea Show (NJ Radio)
- The Kuhner Report (Boston Radio)
- Mornings with Brian Haldane (Baton Rouge, LA Radio)
- Pat Kime of Military.com.
- Ben Kesling of The Wall Street Journal
- The Joyce Kaufman Show (South Florida radio)
- Quil Lawrence of NPR
- MSNBC Live with Stephanie Ruhle
- WTKR TV Norfolk, VA
- KSWB TV San Diego
- WCAU-TV Philadelphia
- WGN-TV National
- WFAA-TV Dallas
- Midday News with James MacKay (Boston Radio)
- JJ Green of WTOP (DC Radio)
- Liz MacDonald on Fox Business
- Martha MacCallum of Fox News
- AM Tampa Bay radio
- Lars Larson (radio)
- The Fayetteville Observer
- Prairie Public Radio (Fargo, ND)
- KTTH Seattle (radio)
- The Birmingham Fox Affiliate (local Birmingham, AL tv)
- Shannon Bream
- Nebraska Public Radio
- WTOP Radio (DC)
- Think Show, Dallas NPR
- WESA FM Radio (Pittsburgh, PA).
- KBST Radio (Big Spring, TX).
- KOKI-TV Tulsa, OK.
- WCIV-TV Charleston, SC.
- KALB-TV Alexandria, LA.
- KSNV-TV Las Vegas, NV.
- Fox and Friends First this morning.
- WLBT-TV Jackson, MS.
- KPBS-TV San Diego, CA.
- WGN Radio.
- Newsmax.
- Fox News Radio

- **VA Has Issued the Following News Releases**

  - VA extends financial, benefits and claims relief to Veterans
    https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5412

- Secretary Wilkie thanked Wounded Warrior Project for $10 million commitment to aid Veterans https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5421
- VA, Facebook and American Red Cross provide Portal video calling devices to Veterans, caregivers, and families https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5422
- VA Tele-mental health visits on the rise amid COVID-19 https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5418
- VA Mobilizes 3D Printing Resources nationwide to fight COVID-19 https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5419
- VA Announces, "Fourth Mission" Actions to Help American Respond to COVID-19 https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5420
- VA Partners with IRS/Dept. of Treasury to Deliver Economic Impact Payments https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5423
- VA's telehealth system grows as Veterans have access to unlimited data while using VA Video Connect https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5426
- VA, DoD implement new capability for bidirectional sharing of health records with community partners https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5425
- VA acquires Texas community hospital to fight COVID-19 and care for Veterans in the future https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5424
- Timeline on how VA prepared for COVID-19 outbreak and continues to keep Veterans safe https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5427
- VA researchers to study COVID-19 in aging Veterans with dementia https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5428
- VA health app now available to Veterans across all mobile and web platforms https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5430
- VA hiring jumps 37% in response to COVID-19 https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5429
- Joint Statement from DHS and VA on Continued Collaboration Throughout COVID-19 Pandemic https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5431
- VA establishes the department's first history office https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5432
- VA joins XPRIZE Pandemic Alliance to combat COVID-19 and future outbreaks https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5433
- VA Trust in Veteran Health Care Rises above 90% for the first time https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5435
- VA expands access to virtual hearings https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5436
- VA names Brooks Tucker Acting Chief of Staff https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5437
- VA participating in drug, plasma trials in fight against COVID-19 https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5438
- VA is protecting and Serving All of America https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5439
- VA Airborne Hazards and Open Burn Pit Registry reaches a major milestone https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5441
- VA Enhances National COVID-19 Reporting Summary Tool https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5440

- VA Gets Boost from CARES Act to provide emergency assistance to Veterans who are homeless or at risk of homelessness during COVID-19 crisis. https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5442
- Process for Charting the Course - Agency Plan on Returning to Pre-COVID-19 Operations https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5443
- Post-COVID-19 Operations Plan to VA Leaders and Staff. https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5443
- VA and Parkinson's Foundation partner to help Veterans Living with Parkinson's disease https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5444
- VA Kicks off Mental Health Campaign emphasizing mental health support https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5445
- VA and Parkinson's Foundation partner to help Veterans Living with Parkinson's disease https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5444
- VA Kicks off Mental Health Campaign emphasizing mental health support https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5445
- CARES Act helping VA boost protections for Veterans https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5415
- VA appeals production at all time high https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5414
- VA's Disaster Emergency Medical Personnel System provides surge-support to combat COVID-19 https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5417
- VA accepts Mask Donation from South Korea to Assist with COVID-19 efforts, longtime partner and ally sends 500,000 masks https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5447
- VA Releases New COVID Coach Mobile App https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5448
- VA National Cemeteries to Commemorate Memorial Day https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5450
- VA reports rising patient capacity, stable supplies and staffing 8 weeks into COVID Emergency https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5449
- VA, multiple agencies launch joint Mortgage and Housing Assistance Website for Americans Impacted by COVID-19 https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5451
- VA Encourages Donations to help homeless veterans or those at risk of homelessness during COVID-19 https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5453
- VA lead facilities reintroduce health care services while ensuring a safe environment https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5454
- Secretary Wilkie Memorial Day Message 2020 https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5455

- **The Secretary of Veterans Affairs made calls to the following Governors to discuss State Veteran Home support and other COVID-19 issues:**

  - Maine – Janet Mills
  - Oregon – Kate Brown
  - Alabama – Kay Ivey

- New Hampshire – Chris Sununu
- New Jersey – Phil Murphy
- South Carolina – Henry McMaster
- Oklahoma – Kevin Stitt
- Georgia – Brian Kemp
- South Dakota – Kristi Noem
- Tennessee – Bill Lee
- Arkansas – Asa Hutchinson
- Ohio – Mike Dewine
- Iowa – Kim Reynolds
- Kansas – Laura Kelly
- Florida Governor Ron DeSantis
- Alaska Governor Mike Dunleavy
- Rhode Island Governor Gina Raimondo
- Idaho Governor Brad Little
- Maryland Governor Larry Hogan
- New Jersey Governor Phil Murphy (5/20/2020)
- Massachusetts Governor Charlie Baker (5/21/2020)

- **VA leadership has participated in the following Congressional Engagements**

  - Secretary Wilkie hosted weekly phone calls with Chairman Jerry Moran and Ranking Member Jon Tester of the Senate Veterans Affairs Committee.
  - Secretary Wilkie hosted weekly phone calls with Chairman Mark Takano and Ranking Member Phil Roe of the House Veterans Affairs Committee.
  - VA facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
  - Sent daily detailed updates to both House and Senate Veterans Affairs Committees.
  - Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION.
  - VHA Executive in Charge, and the Assistant Secretary from Management briefed HVAC Chairman Takano on the $19.6 Billion received in the supplemental funding bill (3/30/2020).
  - Secretary Wilkie briefed Sen. Boozman on Appropriations related issues. (4/2/2020)
  - The VA Chief Acquisition Officer briefed House Veterans Affairs Minority Staff on procurement, supply chain, etc. (4/6/2020)
  - VA Chief Financial Officers briefed the House and Senate Appropriations staffers (4 Corners) on VHA's Supplemental Funding distribution plan for the Families First and CARES Acts. (4/7/2020)
  - Human Resources and Administration office briefed House Veterans Affairs and Senate Veteran's Affairs Committee staff on workforce challenges during COVID-19. The briefing covered 1) what VA is doing to recruit/hire nurses and staff; 2) how VA is keeping staff safe; 3) how VA is incorporating feedback from union leaders and safety officers during this COVID-19 response. (4/8/2020)
  - Secretary Wilkie conducted update calls on VA's response to COVID with House Appropriations MilConVA Subcommittee Chairwoman Debbie Wasserman-Shultz, House Veterans Affairs Committee Chairman Mark Takano and Senate Veterans Affairs Committee Chairman Jerry Moran. (4/9/2020)
  - The Executive in Charge, VHA had a phone briefing with HVAC Chairman Mark Takano on VA response to COVID-19. (4/13/2020)

- Acting Deputy Secretary Powers held separate conference calls with Sen Moran (SVAC Chair), Sen Bozeman (SAC-VA), CM Takano (HVAC Chair), and CM Roe (HVAC Ranking); discussed COVID response. (4/15/2020)
- The Chief Information Officer Jim Gferer held a call with House and Senate MilConVA Subcommittee staff. (4/16/2020)
- ADEPSEC Powers had a call with Senator Brian Schatz (Hawaii), Ranking Member, Senate Appropriations Committee MilConVA. (4/20/2020)
- Veteran's Health Administration CFO and VA budget staff briefed House and Senate Appropriations staffers on VHA's CARES Act Supplemental Funding supporting the VA Homelessness Program. (4/22/2020)
- Veterans Health Administration and Office of Information and Technology subject matter experts briefed House and Senate Appropriations staff on the use and expansion of Telehealth capabilities in response to COVID-19. (4/25/2020)
- The VHA Chief Financial Officer briefed House and Senate Appropriations staff on the $150 million for State Home Construction Grants and $606 million for Medical Facilities including Non-Recurring Maintenance, as well as, the provision that allows VHA to provide PPE to State Homes in response to COVID-19. (4/27/2020)
- VHA subject matter experts held a call with the House and Senate Veterans Affairs Committee Staff to brief them on VA's support for State Veteran Homes. (4/29/2020)
- Secretary Wilkie held a phone call with West Virginia Senators Manchin and Shelly Capito Moore. (4/30/2020)
- Leaderships from the Office of Logistics and Constructions and VHA Procurement Office briefed House Veterans Affairs minority staff on supply chain efforts. (5/1/2020)
- Secretary Wilkie had a phone call with HAC MIlConVA Subcommittee Chair Debbie Wasserman Schulz. to update on COVID and formally decline the Subcommittee's invite for a May hearing. (5/6/2020)
- Secretary Wilkie had a phone call with Sen. Jack Reed on PPE request for state of Rhode Island. (5/8/2020)
- Acting Deputy Secretary Powers had a call with Sen. Hassan to discuss the partnership with New Hampshire regarding a PPE shipment. (5/8/2020)
- The Executive in Charge, VHA briefed House Veterans Affairs, Senate Veterans Affairs and Appropriation Committee staff members on COVID-19 response.
- Executive in Charge, VHA held a call with members of the House Appropriations Committee.
- VBA Executives briefed staff from SVAC (Majority and Minority) and HVAC (Majority and Minority) on COVID-19 efforts as well as updates on Compensation and Pension contract exams, disability benefits questionnaires, claims processing and appeals. (5/8/2020)
- Assistant Secretary of OIT, Jim Gfrerer briefed Representatives Lee and Levin on technological implications of COVID-19 on the GI Bill. (5/8/2020)
- Leadership from Office of Logistics and Construction leadership briefed the Minority Staff for SVAC on supply chain issues related to VA's 4th Mission. (5/8/2020)
- SECVA hosted weekly phone call with SVAC Chairman Jerry Moran and Ranking Member Jon Tester (5/13/2020)
- A DEPSEC had a call with Ambassador John Hennessey-Niland, Republic of Palau (5/15/2020)
- Veterans Benefit Administration executives provided a briefing to Four Corners regarding updates on VBA's three-phased approach for returning to pre-COVID operations especially for VA regional offices and pension management centers, and the need for any additional funding around overtime and IT. (5/15/2020)
- Sec. Wilkie hosted a phone call with Alaska Senator Dan Sullivan

- Sec. WIlkie hosted his weekly update call with SVAC Chairman Jerry Moran and Ranking Member Jon Tester
- Veterans Benefit Administration executives provided a briefing to House Veterans Affairs and Senate Veterans Affairs Committee Staff regarding updates on VBA's three-phased approach for returning to pre-COVID operations, the need for any additional funding around overtime and IT and pending examinations. (5/22/2020)

Other Key Engagements with VA Stakeholders

- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19. (3/21/20)
- Under Secretary for Benefits and the Executive in Charge for VHA briefed Rep. Takano, Rep. Roe, Sen. Tester and Sen. Moran on COVID-19 Responses for Health and Benefits. (4/2/2020)
- Secretary Wilkie briefed the FEMA Task Force. Informed them that VA was prepared to open 1500 beds across our system to help relieve the pressure on states and localities. Each Veterans Affairs network has put in place contingency plans to expand the number of beds available, first for veterans and then our fellow citizens. (4/3/2020)
- Secretary Wilkie participated in a conference call on mental health services with the President, First Lady, the Vice President, Second Lady and HHS Sec. Alex Azar. (4/9/2020)
- Secretary Wilkie joined White House Director of Intergovernmental Affairs Doug Hoelscher for a briefing on VA and White House response to COVID-19. Over 200 State and Local Leaders joined the call. (4/14/2020)
- The Secretary hosted weekly phone calls with VSO leaders to provide them with an update on VA's response to the COVID 19 Pandemic.
- Secretary Wilkie and his leadership team hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- Secretary visited the Washington DC hospital to thank staff and visit veterans. (4/21/2020)
- Secretary Wilkie hosted a teleconference with the Baltimore Veteran Treatment Court staff to include their Public Defender, District Attorney, veteran mentors and student attorneys. (4/22/2020)
- The Under Secretary for Benefits hosted multiple tele-townhalls for Veterans which, focused on COVID-19 response and VBA Program updates.
- Under Secretary of Memorial Affairs Randy Reeves hosted a phone call with State Leaders to discuss issues regarding our National Cemeteries during COVID-19. (4/21/2020)
- VA Office of Intergovernmental Affairs reached out to 250 State Leaders to discuss topics such as support for states, updates or support on State Veterans homes, etc. (4/23/2020)
- VA Office of Intergovernmental Affairs and SMEs from VA's office of mental health held a briefing call with State and Local leaders including State Veterans Affairs Directors, County Veterans Service Officers, etc. on VA's efforts to serve Veterans with mental health issues during COVID-19. (4/28/2020)
- Plane load of Chinese-made PPE arrived in New Hampshire. ADEPSEC Powers traveled to NH to meet the plane with Governor Sununu and provided remarks at the event. VA worked an agreement with the State of New Hampshire via Governor Chris Sununu to procure a large amount of the supplies. (4/30/2020)
- SECVA hosted a weekly VSO update call to update our VSO stakeholders on our response to COVID-19 (5/13/2020)

- Under Secretary for Benefits Paul Lawrence hosted a Tele-Townhall for Veterans in Iowa on Tuesday, May 12, focused on COVID-19 response and VBA Program updates, reaching 34,247 participants. (5/13/2020)
- Acting Deputy Secretary Pamela Powers visited the Richmond VA Medical Center in Virginia to meet with hospital leadership and thank them for their work during the response to COVID-19 (5/19/2020)
- Sec. Wilkie hosted his weekly update call with Veteran Service Organizations to brief them on VA's ongoing efforts regarding COVID-19 (5/20/2020)
- Secretary Wilkie joined the President for the Rolling to Remember Event at the White House (5/22/2020)
- Under Secretary for Benefits hosted a Tele-Townhall for Veterans in Virginia focused on COVID-19 response and VBA Program updates, reaching 59,164 participants. (5/22/2020)

Miscellaneous Communications from VA

- VAntage blog published January 31st and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (2/5 and 2/26)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. (3/17/2020)
- Partnered with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email. (3/25/20).
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of VA's patients is critical, and offering resources to promote employee wellness. (3/17/2020)
- Deployed VEText based messages to Veterans that have a mobile phone number registered with VA (3/30/2020);
    - The texts reach approximately 7.1 million Veterans.
    - The message: "Dept of Veterans Affairs COVID-19 update: Stay home, stay safe, stay connected. VA has online tools for appointments, prescriptions, and more. https://go.usa.gov/xdJkp
- Developed a COVID-19 quick start guide (QSG) to be posted as part of the VA welcome kit and broadly distributed to Veterans. This distribution includes:
    - All MOU partners (corporate partners), Veteran Service Organizations (VSO), posted on social media pages (Twitter, Facebook, etc.), VA Program Offices for sharing across their partner networks, National Association of State Directors of Veterans Affairs (NASDVA). (3/30/2020)
- Published public blog with guidance for Veterans/Caregivers seeking access to DoD facilities.
- Conducted a "Lunch and Learn" virtual online meeting to provide Veteran Service Organizations and community partners information on VA Mental Health resources and highlight the Cohen Veterans Network (CVN) mental health initiatives http://va-eerc-ees.adobeconnect.com/veocvebllcohen/
- The COVID Quick Start Guide (QSG) was posted at https://www.va.gov/welcome-kit/ (4/7/2020)

- Initiated an advertising campaign for VHA recruiting. (4/7/2020)
- #LiveWholeHealth-Self Care Resources campaign for Veterans during Coronavirus crisis launched.
- PREVENTS reached out to Vets during the COVID crisis, releasing informational videos and concrete steps that Veterans and their families can take to care for their emotional well-being under the tag #MoreThanEverBefore and with the help of lead PREVENTS Ambassador Second Lady Karen Pence. (4/8/2020)
- https://www.blogs.va.gov/VAntage/73363/live-whole-health-self-care-episode-1/
- Sent a Mental-health focused VEText message to be distributed to 9 million Veterans (4/10/2020)
- Published *Novel Coronavirus (COVID-19) Financial Relief Actions and Time Limit Extensions* to VBA's Fact Sheets site. (4/10/2020)
- Published VBA COVID-19 FAQs to help address routine and non-urgent questions. (4/10/2020)
- Delivered VETResources digital newsletter to 10.7 Million Veterans. (4/16/2020)
- VA launched a new website on VA's external blog https://www.blogs.va.gov/VAntage/roll-of-honor/ called the "Roll of Honor". This new webpage page came about as a result of not being able to provide committal services due to the COVID-19 crisis. The site provides an opportunity to remember those Veterans interred during this crisis and reflects interments in our cemeteries. Each day, NCA will add the names; branch of service and location of burial for each Veteran interred in a national cemetery on the previous day. (4/16/2020)
- VA's My HealtheVet team is hosting a webinar for Veterans about how to access VA telehealth services, in coordination with the Elizabeth Dole Foundation. (4/17/2020)
- VA sent a text message via VETtext to 8.2M Veterans. Content is focused on financial hardship, and specifically action certain Veterans must take to claim an additional $500 per dependent in stimulus funds. (5/1/2020)
- VBA published the Transition Talk series to VBA's Transition and Economic Development website. Several video segments were posted that addressed our response to COVID-19 and VBA Program updates. (5/12/2020)
- Principal Deputy Under Secretary for Benefits, Margarita Devlin, participated in a virtual event sponsored by the Association of Defense Communities and Blue Star Families.
- VA published the following video that discussed TAP procedures during COVID-19, including information on how to access web-based VA Benefits and Services courses and Military Life Cycle: https://www.youtube.com/watch?v=V3agzM86sBk
- Secretary Wilkie visited the Baltimore, Maryland VA Medical Center to thank employees for their life saving and important work during the Pandemic. (5/18/2020)
- Under Secretary for Benefits, Paul Lawrence hosted a Tele-Townhall for Veterans in Oklahoma on focused on COVID-19 response and VBA Program updates, reaching 27,705 participants. (5/18/2020)
- PDUSB Margarita Devlin was the keynote speaker for Day 1 of VA Healthcare Online Summit. (5/19/2020)
- USB Paul Lawrence hosted a Tele-Townhall for Veterans in Kentucky focused on COVID-19 response and VBA Program updates, reaching 21,434 participants. (5/19/2020)
- VA shared our Transition Talk/Transition Assistance Program video segment through various social media channels and communication platforms. This segment of Military to Civilian Transition Talk discussed the cancellation of TAP events due to COVID-19 and the availability of online courses and where to access them. All Transition Talk episodes are located at https://benefits.va.gov/transition/coronavirus.asp
- Published Circular 26-20-19, *Additional Lender Guidance Concerning COVID-19*, to provide supplemental information regarding current VA policies and to provide further guidance to assist in

the processing of VA-guaranteed loans during the National Emergency. The circular is located at https://www.benefits.va.gov/HOMELOANS/documents/circulars/26_20_19.pdf.

- Board of Veterans Appeals Chairman Cheryl Mason participated in an interview with Government Matters to discuss BVA's response to COVID-19 (5/22/2020)

Guidance Documents and Human Capital

- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled. (3/17/20)
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset
- Employee Assistance Program (EAP): Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19

- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address many COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)
- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
    - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
    - Recruitment, Hiring and Organizational Changes During COVID-19
    - COVID-19 VHACO Clinician Request
    - Postponement of Long-Term Care Surveys
    - Establishment of New Hire Processing Timeline
    - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel. 3/29/2020)

- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- Notified HR offices on COVID-19 Excepted Service Hiring Authority for Schedule A approved by OPM. this allows us to quickly hire any Title 5 positions that are in direct response COVID-19. VA may use this to fill positions on a temporary basis for up to one year as needed in response to, or as a result of COVID-19. (3/30/2020)
- OPM sending VA job opportunities to over 1M retirees.
- VA All Employee Survey postponed until September 2020.
- Notified Human Resources (HR) offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act Notice at VA facilities.
- In accordance with OMB and VA COVID-19 guidance, National Diversity Internship Program (NDIP) FY 20 summer session has been cancelled.
- VHA New Guidance to the field (3/31/2020):
    - Leveraging Capacity to Support Surges in Demand for COVID-19
    - Credentialing and Privileging COVID-19 (Reduced credentialing process for providers in order to expedite onboarding of critical medical staff)
    - Resilience Rehabilitation Treatment Programs (RRTP) Hardening Guidance (Details guidance on efforts to protect staff and patients in our Domiciliary Units)
    - Supplemental Information - Radiology and Nuclear Scheduling and Orders Management During the COVID-19 Pandemic
    - Coronavirus (COVID-19) – Guidance for Urgent and Emergent Surgical Procedures
    - Guidance on Access Standards in response to Coronavirus (COVID-19) Updated (coordinated with OMB)
- VA OGC advised that the Veterans Health Administration (VHA) has the authority during the COVID-19 global pandemic emergency to procure lodging for employees working at their local worksite (e.g., if staff have a need to stay away from their homes/family members and continue to work (e.g. Emergency Department physicians), or a need to stay close by for faster response time, if VHA documents in writing why it has concluded that this event at all or some facilities involves imminent danger to human life and why paying for employee meals and lodging is necessary to combat that imminent danger.
- Assistant Secretary HRA/OSP and Assistant Secretary OIT co-signed a memorandum dated March 31 outlining temporary procedures for personnel security vetting and appointment of new employees and alternative PIV credentials for eligible users during Coronavirus 2019 National Emergency; this guidance implements direction issued to executive departments and agencies from the Office of Management and Budget and the Office of Personnel Management.
- Provided guidance on March 26 to field claims processors and the public on good cause for extending claims filing deadlines based on COVID-19. (4/1/2020)
- VHA Guidance Issued to the Field: (4/1/2020)
    - COVID-19 Definitions of Bed Categories
    - Suspension of Registered Nurse Transition to Practice Residency Program
    - COVID - Clinical Resource Hub Guidance
    - Guidance for the Hiring Compensation and Utilization of Alternate Nurse and Unlicensed Assistive Personnel
    - COVID-19 - Process for Cancellation of Non-urgent Operating Room Procedures.

    - Specifically, under existing VA regulations, if the time limits within which claimants or beneficiaries are required to act in order to perfect a claim, file an appeal, or challenge an adverse VA decision expired, the time may be extended for "good cause" shown.
    - Accordingly, claimants impacted by COVID-19 may request an extension for filing based on good cause. VBA regional office claims processors will grant the extension request, provided the time limit in question expired on or after March 13, 2020.
- Notified HR offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act notice at VA facilities. This provides up to two weeks (up to 80 hours) of emergency paid sick leave to all federal civil service employees if they are unable to work (or telework) under specified circumstances related to COVID-19 – unless they are in an exempted category.
- Direct Hire Authority allowed by OPM for certain additional positions in NCA and VHA.
- OPM has authorized VA Direct Hire Authority for one year for the following positions at all grade levels nationwide for the duration of the COVID-19 emergency: Industrial Hygienist, GS-0690 Plumber, WG-4206 Maintenance Worker, WG-4749 Supervisory Engineer, GS-0801 Specialty Engineer, GS-0800 Laborer, WG-3502 Cook, WG-7404 Cemetery Caretaker, WG-4754. OPM has also authorized DHA for the following occupation and at this specific grade level: Human Resources Specialist, GS-0201-12.
- **VHA Guidance to the field:**
    - Changes to In-Person Identity Verification for the My HealtheVet Website
    - COVID-19 Bed Expansion Planning Signed
    - Move! Weight Management Program Guidance for COVID-19 Pandemic Response
    - EIC Memorandum Authorization to pay for Lodging and Meals
    - Contracted Outpatient Sites of Care COVID-19 Virtual Care Information and Updates
- Developing policy on the ability of VA law enforcement personnel, with proper notice, to inspect the personal effects of employees exiting VA healthcare facilities in order to prevent the theft of personal protective equipment needed to protect health care workers during the on-going public health emergency. This is becoming an issue during the Pandemic. (4/4/2020)
- VA signed a memorandum regarding the Child Care Subsidy Program that has temporarily expanded the total family income ceiling from $89,999 to the maximum limit of $144,000 for support during the COVID-19 crisis; allows eligible employees to seek reimbursement on some child-care costs. (4/6/2020)
- Veterans Health Administration guidance sent to field: (4/6/2020)
    - Grade and Pay Determinations for Nurses/Certified Registered Nurse Anesthetists (CRNA) During COVID-19
    - Homeless Program Office (HPO) Guidance on Face to Face Visits
    - On-Hand Inventory Reporting Requirements for Critical Care and Coronavirus Drugs
    - Update: Coronavirus (COVID-19) Facemask and N95 Respirator Use
    - Tip Sheet for Caregivers During COVID-19
    - VHA COVID 19 Priorities During Transition to VA's New EHRM
    - COVID-19 Employee Deployment - Special Contribution Award Guidance
- VA Public Health, Coronavirus website to provide Veterans & Staff guidance and information now active. Website visited 191,348 times with 172,253 unique visits (4/6/2020)
- Published policy revision updates to VA Handbook 5005 to remove the requirement for Professional Standards Boards for the following occupations listed in 38 U.S.C. § 7401 (3), which will reduce the time to hire for these positions by streamlining the process: physical therapy assistant; occupational therapy assistant; marriage family therapist; therapeutic radiologic technologist; kinesiotherapist;

orthotist and prosthetist; medical records administration; blind rehabilitation specialist; blind rehabilitation outpatient specialist; licensed professional mental health counselor, prosthetic representative; nuclear medicine technologist; occupational therapist; physical therapist; dietitian and nutritionist; medical records technician; and therapeutic medical physicist. (4/7/2020)

- VA has decided to defer the Leadership VA (LVA) FY20 Class until FY21 and increase the size from 80 to 100 to make up for some of the leadership development throughput lost from postponing the current cohort. (4/7/2020)
- Veterans Health Administration Guidance to the Field: (4/7/2020)

COVID-19 VHA Guidance for Tuberculosis Testing of New Employees

  - Clinical Laboratory Improvement Amendments (CLIA) Compliance Inspection During the COVID-19 Pandemic and Accreditation Contract Delayed
  - 2020 US Census Participation for Veterans in VA Residential Settings
  - Continuity in Mental Health Services and Suicide Prevention Activities During COVID-19
  - COVID-19 Temporary/Expedited Appointment Credentialing Process
  - Release of Updated Fiscal Year (FY) 2020 and New FY 2021 Basic and Prevailing State Home Per Diem Rates for State Veteran Homes
  - Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation Process during Presidential Declared State of Emergency – COVID-19
  - Guidance on Anticoagulation Use and Monitoring for Veterans Health Administration Anticoagulation Programs During VHA's COVID-19 Emergency Response
  - Contact Center Script and Screening (COVID-19) Updated

- VA received approval from OPM to waive the salary off-set for 2210 (Grades 07-15) and 340 series (Grades 12-14) positions. (4/11/2020)
- VA has issued guidance that starting immediately all CLC Staff and Veterans will be tested for COVID-19. CLCs are VA's nursing homes and care for particularly vulnerable Veterans. (4/11/2020)
- OPM approved VA's request for direct hire authority for the following additional 11 positions at all grade levels on a nationwide basis to support COVID-19. The approval begins today and is for one year: personnel security specialist; program support assistant; cemetery representative; health systems specialist; construction control representative; electronics industrial control mechanic; painter; equipment servicer; air conditioning equipment operator; equipment operator; laundry worker. (4/13/2020)
- Notified HR offices of flexibilities to defer random drug testing in certain conditions due to the impact of COVID-19 pandemic. Establishes limited conditions in which a facility director may approve a deferral of a random drug test for an employee occupying a testing designated position. (4/13/2020)
- Revised Guidance on new hire applicant drug testing: April 17 revised bulletin issued updating prior guidance regarding how long an applicant drug test may be postponed; prior bulletin issued on March 25, 2020 advised that due to COVID-19, applicant testing could be postponed for up to 180 days after the applicant's entrance on duty in order for VA to meet emergency hiring needs. The revised bulletin includes the following statement: "It is the responsibility of the HR office to schedule the drug test as soon as practicable, but no later than 90 calendar days from the date of appointment." (4/19/2020)
- VA received approval from OPM on its request to waive the 25 percent limit on recruitment, relocation, and individual retention incentives, and the 10 percent limit on group retention incentives for certain occupations that are responding to workload surges due to the Coronavirus Disease 2019 (COVID-19). (4/20/2020)

- Provided notices to the field to remind all employees of the services that the Employee Assistance Program (EAP) offers to them and their families during the COVID-19 pandemic (guidance was pre-cleared through OMB/OPM). (4/22/2020)
- Provided guidance of required steps for expediting onboarding for new VA hires. Steps have been streamlined to meet urgent staffing needs created by COVID-19 (guidance was pre-cleared through OMB/OPM). (4/22/2020)
- The Secretary signed a Delegation of Authority (April 23) that allows VA Under Secretaries, Assistant Secretaries and Other Key Officials at equivalent level of authority, the authority to exclude an employee, who is a health care provider or emergency responder, from application of the Emergency Paid Sick Leave Act, Division E and the Emergency Family and Medical Leave Expansion Act Division C of the Families First Coronavirus Response Act (FFCRA). Accompanying guidance (that was vetted by OMB) was issued to the field as well via a Chief Human Capital Officer Bulletin. (4/23/2020)
- VA launched a COVID-19 chatbot on VA.gov this week. The chatbot helps answer veterans' questions about COVID-19 and direct them to available VA resources (4/23/2020)
- SECVA signed a delegation of authority VA Under Secretaries, Assistant Secretaries and Other Key Officials, the authority to waive certain limitations on pay for work done in support of the response to the COVID-19 public health emergency. The following pay limits are listed in the guidance as covered: basic pay, nurse executive and pharmacist executive special pay, aggregate pay, annual pay, premium pay, and incentives and awards. (4/27/2020)
- On May 12, 2020, VA issued a bulletin (cleared through OMB) that notified HR offices of a temporary authorization to extend the grace period to obtain licenses for currently unlicensed or uncertified GS-9/11 Social Workers (SW) and GS-9 Marriage and Family Therapists (MFT). Due to COVID-19, many state licensing boards, and professional testing centers, have limited operational capacity or have closed entirely. This exception will remain 90 days after the COVID-19 national emergency has been lifted or 90 days after a testing center or resumption of normal operations, whichever is first. (5/13/2020)
- OPM approved additional direct hire authority for the following position at all grade levels on a nationwide basis to support COVID-19: Personnel Security Assistant (GS-0086). The authority is effective immediately and is for one year. (5/20/2020)
- VA Notified HR offices of updated information on various leave options that may be utilized by employees during COVID-19. The bulletin clarifies the conditions in which telework, weather and safety leave, emergency paid sick leave under the Emergency Paid Sick Leave Act (EPSLA), paid leave under the Emergency Family and Medical Leave Expansion Act (EFMLEA), and leave under the Family and Medical Leave Act (FMLA leave) may be authorized. (5/20/2020)
- VA sent version 6 of COVID-19 FAQs adding several new HR topics. The table of changes also provides a quick reference to other updates made throughout the document on the following topics including: Families First Coronavirus Response Act (FFCRA), Pre-Placement Examinations, Onboarding, PIV and Background Investigations, Employee Relations, Telework and Reasonable Accommodation, Return to Work. (5/20/2020)

COVID Response (VHA)

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.

- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country. (3/10/20)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans. (3/10/20)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans. (3/10/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- VA will receive 20,000 testing swabs. (3/23/20)
- Packaged 50,000 masks today for shipment to Denver and Brooklyn. (3/23/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30/20
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home. (3/24/2020
- 20k hand sanitizer bottles have been received and will be deployed to the facilities. (3/24/2020)
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- Activating enhanced Tele-ICU hub
- To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments. (3/27/2020)

- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch. (3/30/2020)
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA has increased telehealth capacity by 15% to 11,000 max concurrent user call capacity.
- Medical Centers are experiencing serious PPE shortage. Several sites doing 3D printing, but it is not enough. Soon, PPE will be rationed; one surgical mask issued per week, one N95 per day. VISN 6 began mask sterilization with Berrett – 2400 mask in a 24-hour period. (4/4/2020)
- 2 Medical Centers have a greater than 70% occupancy of Med/Surg beds with COVID patients: Bronx, NY (86% occupancy) and Boston, MA (72%). (4/11/2020)
- On April 10th President Trump signed the "VA Tele-Hearing Modernization Act"
- Massachusetts Chelsea Soldiers' Home (Non-VA Facility) (4/12/2020)
    - 7 veteran resident deaths
    - 22 veteran residents who have tested positive
    - 29 staff tested positive
    - VA Boston has accepted patients for care- total count pending
- VHA is in the process of testing all Community Living Center veterans and staff and should have this complete next week. Approximately 7000 veterans live in our CLCs across the nation. (4/16/2020)
- VA is continuing an aggressive expansion of our Tele-ICU capabilities. Yesterday, VA completed the Fayetteville and Salisbury VA Medical Centers. Today we are working on Hampton and San Juan. 51 total sites for network configuration have been completed to date. (5/13/2020)
- VA recorded a peak number of minutes for telehealth visits in a single day at over 2 million; pre-COVID averages were 300,000 minutes per day (5/13/2020)
- VA kicked off its new COVID-19 Joint Data and Analytic Fusion Cell Integrated Project Team (IPT), which will conduct analytics to fill current gaps in COVID-19 understanding. (5/14/2020)
- DoD is supporting VA via MilAir use to transport medical personnel from Reno, Nevada to Newark, New Jersey due to lack of availability of commercial flights (5/17/2020)

COVID Response (BVA/VBA)

- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)

- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. VBA is offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Coordinated with Department of Treasury to suspend the collection of all debt owed to VA until May 31, 2020 for any Veterans seeking debt assistance due to COVID-19. This includes suspending referrals to the Treasury Offset (TOP) and Cross Servicing (CS) processes.
- VA announced today a number of actions to provide Veterans with financial, benefits and claims help amid the COVID-19 pandemic. The financial relief actions include the following until further notice: (4/3/2020)
- As of April 3, VBA has temporarily suspended all in-person appointments provided by VBA's contract examination vendors, where the Veteran physically reports to the medical provider's office. The contract exam vendors will continue to complete as many examinations as possible using virtual means that do not involve an in-person examination, including tele-exams and ACE. For some disabilities, in-person examinations are required and cannot be completed through an alternate method. (4/6/2020)
    - Suspending all actions on Veteran debts under the jurisdiction of the Treasury Department.
    - Suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.
    - For Veterans who have been diagnosed with COVID-19 and need immediate action on their appeals, as opposed to a filing extension, the Board of Veterans' Appeals will Advance their appeal on Docket (AOD). Click here to find out how to file for AOD and what documentation is required.

- Veterans Group Life Insurance: Prudential has extended grace periods by 90-days for premium payments and reinstatements, including the time allowed to submit the Attending Physician Statement (APS) required for some medical underwriting applications.
- Boston Regional Benefits Office – Implemented two-week suspension of local mail processing effective April 7, 2020, ending April 21, 2020 during the anticipated peak in COVID-19 infections in the Boston community. Employees will not be authorized to access any of the three Boston, Manchester, White River Junction (BMW) facilities without prior approval as determined by the Director or Assistant Director on a case-by-case basis. (4/7/2020)
- VA published a circular on Loan Guaranty Service to inform the public of changes due to CARES Act which requires a moratorium on foreclosures of Federally backed mortgage loans and a forbearance period for payments on such loans for borrowers who are experiencing a financial hardship due, directly or indirectly, to the COVID–19 emergency. (4/9/2020)
- Since the CARES act passed VA has worked with Dept. of Treasury on a solution to ensure that Veterans and Survivors who do not file tax returns and rely solely on VA benefits for income still receive stimulus checks via the CARES Act. (4/16/2020)
    - VA is securely providing beneficiary data to the IRS to ensure that no action will be required of Compensation and Pension benefit payment recipients or surviving family members receiving survivors benefits to receive their 'Economic Impact Payment' (EIP) if they do not file an annual tax return.
    - The IRS has also set up a website portal for Economic Impact Payments (EIP) if veterans, survivors or other non-filers wish to submit their information that way.
    - VA will notify press, stakeholders and Congress of these actions over the coming days.
    - This effort is complete
- On April 20, 2020, published a notice in the Federal Register which provides that, for the purpose of determining entitlement to benefits, any correspondence that is received by VA from any claimant during the period March 1, 2020 through 60 calendar days from the date the President ends the national state of emergency, that contains claims, information, or evidence, will be considered received on the date of postmark. (4/20/2020)
- On April 28, 2020, POTUS signed House Bill 6322, or Student Veteran Coronavirus Response Act of 2020, into Public Law 116-140. This new law gives VA additional authorities to continue GI Bill payments for the period beginning on March 1, 2020 and ending on December 21, 2020. VA is currently working to implement the changes: (5/1/2020)
    - continue payments to students participating in the Work Study Program who are furloughed or have to stop working.
    - continue to pay benefits for up to 4 weeks to GI Bill students whose classes are suspended, even if school is still open.
    - restoration of entitlement for GI Bill students who lose credit due to school closure or schools' suspension of training.
    - extend the delimiting date for Montgomery GI Bill and Post-9/11 G Bill students if they are unable to attend training due to COVID-19.
- Based on VA's collaboration with IRS and Treasury, approximately 396K Veterans and survivors will receive nearly $475 million in economic impact payments this week. VA is still working to enact solutions to ensure that Veterans who live in a U.S. Territory, have a fiduciary or have a foreign address are able to receive an Economic Impact Payment. (5/12/2020)

COVID Response NCA

- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness". (3/27/2020)
- Starting Thursday, April 9, 2020, NCA will no longer provide the option for families to witness interments at Calverton National Cemetery to help improve workload efficiency and increase the capacity of interment operations at this cemetery, which is located in the NYC epicenter. This change is being communicated to funeral homes in NY and families with interments scheduled on this date and beyond.
- National Cemetery Administration: Effective, Wednesday, April 15, 2020, witnessing family members will now be asked to view the interment from their cars or the road very near their cars. This change will further promote social distancing at national cemeteries and will be communicated to the funeral home community via Gov Delivery; online and to the Hill via OCLA. Families may continue to visit the gravesite in the days following the interment consistent with CDC guidelines and local travel restrictions. (4/13/2020)

Emergency Management/Fourth Mission

- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination.
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities.
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM.
- All Area Emergency Managers are in place at each FEMA region.
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.

- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending. (3/29/2020)
    - Four to five additional patients are expected overnight from Elmhurst Hospital.
    - The five patients that were to be transferred from Lincoln Hospital have not arrived yet.
- Disaster Emergency Medical Personnel System Deployments (Various Specialties) (4/1/2020)
    - (27) Personnel being processed for deployment.
    - (14) Personnel deployed/on the ground at various locations.
    - (2) VISNS requested personnel deployed through DEMPS
- JAVITS NY Medical Station and USNS Comfort Transfer guidance received
- Mobile Vet Center Deployment Update (4/4/2020)
    - <u>New York, NY (Deployment Started)</u>
      Operation Gotham at the Javits Center in New York City began to receive patients on the afternoon of 31 March 2020. Vet Center staff connected with 64 Service members over the course of the deployment. Contact has been made with 2 civilians.
    - <u>Pasadena, CA (Deployment Started)</u>
      Operation started on 1 April 2020 and ended April 3. Minimal contact will seek a better location.
    - <u>Portland, OR (Deployment Started)</u>
      Operation started on 31 March 2020 and staff are located in a shopping center in Portland, OR. Vet Center staff connected with 40 Veterans, Service members and families over the course of the deployment. Contact has been made with 12 civilians
    - <u>Altoona, PA (Deployment Started)</u>
      MVC stationed at VAMC to assist with screening. Veteran Outreach Program Specialist on site.
    - <u>Dayton, OH (Under Development)</u>
      Request Mobile Vet Center at Dayton Medical Center to assist with COVID screening, will begin Monday April 6
- Developing requirements for Morgue Expansion Capabilities. (4/4/20)
- Working to identify medical consumables/equipment for recently purchased Field ICU Unit. Location for deployment of Unit still under consideration. (4/4/20)

- VA sent a list of critical PPE supplies with requested quantities to RADM Polowczyk, Supply Chain Sub-Task Force Director for consideration and prioritization. (4/5/20)
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Mobile Vet Center (MVC) Update: (4/7/20)
    - Altoona, PA (Deployment Started). MVC stationed at VAMC to assist with COVID-19 screening. Veteran Outreach Program Specialist on site.
    - Dayton, OH (Deployment Under Development). Request for MVC stationed at VAMC to assist with COVID-19 screening.
    - New York, NY (Deployment Paused). Vet Center staff have connected with 99 service members over the course of the deployment. Contact has been made with 2 civilians
    - Pasadena, CA and Portland, OR deployments ended
- Identified a total of 20 tribal governments that have Emergency Declarations
- VA developing "live" map journal to model next VA "hot spots" for our healthcare system. (4/8/20)
- Continued development of plan on how VA might assist IHS and other tribal nations health systems. (4/10/20)
- Determining the need of resourcing second order of trailers for fatality management. (4/10/2020)
- Update on Mask sterilization efforts with Battelle: (4/10/20)
    - Sites either currently running or will be running within two weeks: Stoneybrook, NY; Brooklyn, NY; Plain City, OH; Boston, MA; Chicago, IL; Washington, DC
    - Planned future states: Connecticut, New Jersey, Indiana, Florida, Texas, Michigan
- DOD approved MilAir transport to send nurses from Maine and Washington State to New York City. The mission is underway. (4/26/20)
- VA is sending is sending at least 1 NP and 1 Nurse to the IHS Shiprock Clinic to assist with the Navajo COVID-19 crisis. (4/26/20)
- VA has an increased need for Oxygen concentrators and portable ventilators. FEMA is being prioritized over VA and these are becoming increasingly hard to obtain. Update: VA began discussions with manufacturers regarding these items today. The issue is that the vendors received 10 months' worth of demand in three weeks and it has depleted current inventory. Vendors have increased product lines and estimate mid-May before supply availability. (4/23/20)

Construction, Contracting and Supply Chain

- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severely curtailed by this national emergency and shelter in place orders.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.

- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/20)
- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.
- Invocation of the Defense Production Act (DPA) resulted in confusion in the commercial sector as to how to prioritize orders, resulting in delays and cancellations on orders and deliveries to VA. Under the DPA, the FEMA Task Force, used its authority to divert materiel originally offered to VA for delivery to the SNS.
    - VA orders for masks, gowns, gloves, and PARP have been cancelled by our vendors. This is high risk for not only our enterprise, but for the Administration as our hospitals will be without supplies starting late this week.
    - FEMA and HHS have been made aware; VA is awaiting resolution from them.

    *Issue has since been resolved
- VA Acquisition Office is working with the VHA's Care in the Community Program Office to establish a Global Nurse Advice Line contract to support increased phone consults for Veteran care in support of Coronavirus.
- VA contracted with Battelle for use of their Critical Care Decontamination Systems (CCDS) to sanitize N95 masks for Brooklyn, Manhattan, and East Orange, NY medical centers. Great partnership with HHS and FDA led to the approval to reuse masks 20x after sanitization. (4/3/20)
- VA has administered more than 18,900 tests and has more than 3,000 additional tests on hand. (4/3/20)
- Contract awarded for Alternate Care Sites-Four (4) 125 bed, soft-sided, portable medical structure. Awaiting delivery and selection of sites. (4/3/20)
- Contract awarded for Mobile Field Hospital. Awaiting delivery and selection of site. (4/3/20)
- National Acquisition Center's (NAC) Service & Distribution Center is providing additional warehouse space for VHA ordered and FEMA provided PPE products; VHA to identify space required and delivery schedules. (4/6/20)
- VA was prepared to accept a donation of 1 million N-95 masks and other PPE from Salesforce. However, FEMA General Counsel determined that the donation was too large for VA to accept. Secretary Wilkie sent a formal letter to FEMA Administrator asking for authority to accept the donation OR purchase the materials directly. (4/9/20)
- VA awarded an $8M urgent sole source contract to SDV Office Systems for 97 Tablo® Helodialysis Systems for treating patients with COVID-19 infection. The contractor will deliver as many units as possible before July 31, 2020. The need is particularly pressing for patients with end-stage kidney disease being treated with intermittent hemodialysis (HD). (4/10/20)
- VA request to POTUS for Advanced Payment Authority was approve and signed by POTUS. (4/11/20)

- VA completed a temporary delegation which will apply to the Federal Supply Schedule for Healthcare Staffing Services' ceiling price determination for field contracting officers to use. This delegation, which is available for use until July 1, 2020, will provide immediate nursing staff augmentation for our medical centers. (4/11/20)
- VA reported to OIG regarding a potential case of price gouging. DOJ issued a press release on April 10th concerning the arrest of Christopher Parris, who attempted to sell VA $750 million of nonexistent masks and other PPE: https://www.justice.gov/opa/pr/georgia-man-arrested-attempting-defraud-department-veterans-affairs-multimillion-dollar-covid
- VA has partnered with Facebook to provide more than 7,400 Facebook portal devices. The American Red Cross Military Veteran Caregiver Network will store and ship the devices to qualifying Veterans in pairs. Devices are available today (4/15/2020), for Veterans and their caregivers and families to reduce isolation, improve mental health, wellness, and social connectedness at home. (4/15/20)
- VA acquired the former Garland-Baylor, Scott & White hospital, April 3, to increase its capacity to care for Veterans and support the department's response to COVID-19. The 470,000 square foot facility was donated by Baylor, Scott & White and will eventually serve as an outpatient and specialty care clinic within the VA North Texas Health Care System. The hospital will be able to open Monday April 20. (4/17/20)
- VA National Acquisition Center FSS coordinated with National Association of State Procurement Officials (NAPSO) authorizing State and Local governments to procure Covid-19 support using FSS vendors/contracts. (4/17/20)
- The Strategic Acquisition Center awarded a purchase order for 5 million, 3-ply disposable medical masks (non-N95) valued at $2.8M. The contract was signed on April 22, 2020. (4/23/2020)
- VA may now utilize the contract HHS funded through DLA to receive N95 mask decontamination and transportation services from Battelle without reimbursing HHS (no cost to supplemental funding). (4/24/20)
- On 5/4/20, the Strategic Acquisition Center awarded a contract to Hanes for 2.4M cloth masks valued at $1.9M. This contract has ten optional Contract Line Item Number (CLINs) with the possibility to supply ten million additional masks. (5/5/20)
- On 5/1/20, the National Acquisition Center's Federal Supply Schedule Service (FSS) awarded a contract for COVID-19 testing to Eurofins Viracor. The vendor offers the following capacity: 10,000 daily COVID-19 testing to VA nationwide. (5/6/20)
- VA will be accepting a donation of 800,000 face shields from Apple. The shipment should arrive in the next two weeks. (5/6/20)
- VA successfully accepted 500,000 masks from the Republic of Korea (ROK) on 5/12/2020. This donation will help support our efforts to ensure Veterans and Employee safety as we continue to combat COVID-19. (5/12/2020)
- Strategic Acquisition Center (SAC) awarded a contract to M. Hidary and Company for 1M Level II Gowns valued at $7.12M.
- VA's National Acquisition Center's (NAC) Federal Supply Schedule (FSS) Service awarded a new COVID-19 antibody test (SARS-CoV-2-SEROLOGY (COVID19) Antibody (IGG), Immunoassay) contract to Quest Diagnostics. This contract became effective May 13, 2020 and it has the capacity to perform 150,000 tests per night. (5/18/2020)

May 23, 2020

Veteran Cases

Parent Facility (Prior Reporting)	Location (New Detail)	Total	VA Outpatient	VA Inpatient, SCI	VA Inpatient, ICU	VA Inpatient, CLC	VA Inpatient, Acute	Deceased Other	Deceased Inpatient	Convalescent
	Total	**11,185**	**1,071**	**1**	**181**	**19**	**354**	**381**	**693**	**8,485**
(402) Togus ME	(402) Togus VA Medical Center	17	2						1	14
(405) White River Junction VT	(405) White River Junction VA Medical Center	7						1	1	5
(436) Montana HCS (Fort Harrison MT)	(436) Fort Harrison VA Medical Center	5						1		4
(437) Fargo, ND (CACHE 5.0)	(437) Fargo VA Medical Center	24	5				1	4	1	13
(438) Sioux Falls SD (CACHE 5.0)	(438) Royal C. Johnson Veterans' Memorial Hospital	42	9				1	2		30
(442) Cheyenne WY	(442) Cheyenne VA Medical Center	15			1					14
(459) VA Pacific Islands HCS (Honolulu HI)	(459) Spark M. Matsunaga Department of Veterans Affairs Medical Center	7								7
(459) VA Pacific Islands HCS (Honolulu HI)	(459GB) Hilo VA Clinic	1								1
(460) Wilmington DE	(460) Wilmington VA Medical Center	113	21		1			9	1	81
(460) Wilmington DE	(460HG) Cumberland County VA Clinic	1	1							
(463) Alaska VAHSRO (Anchorage AK)	(463) Anchorage VA Medical Center	8								8

(501) New Mexico HCS (Albuquerque NM)	(501) Raymond G. Murphy Department of Veterans Affairs Medical Center	40	4		4			2	3	27
(502) Alexandria, LA	(502) Alexandria VA Medical Center	43	8				2	4		29
(503) Altoona, PA	(503) James E. Van Zandt Veterans' Administration Medical Center	6								6
(504) Amarillo HCS (Amarillo TX)	(504) Thomas E. Creek Department of Veterans Affairs Medical Center	19	4							15
(506) Ann Arbor, MI	(506) Ann Arbor VA Medical Center	96	4		1		6	1	8	76
(506) Ann Arbor, MI	(506GA) Toledo VA Clinic	3	2							1
(508) Atlanta, GA	(508) Atlanta VA Medical Center	202	4		1		3	4	12	178
(508) Atlanta, GA	(508QF) Atlanta VA Clinic	1								1
(509) Augusta, GA	(509) Charlie Norwood Department of Veterans Affairs Medical Center	41	1		1		5		3	31
(512) Maryland HCS (Baltimore MD)	(512) Baltimore VA Medical Center	122	16		3		12	1	5	85
(512) Maryland HCS (Baltimore MD)	(512A5) Perry Point VA Medical Center	1								1
(515) Battle Creek, MI	(515) Battle Creek VA Medical Center	40	12					4		24
(515) Battle Creek, MI	(515BY) Wyoming VA Clinic	2								2
(516) Bay Pines,FL	(516) C.W. Bill Young Department of Veterans Affairs Medical Center	39	7		4			2		26
(516) Bay Pines,FL	(516BZ) Lee County VA Clinic	4	2							2

(517) Beckley, WV	(517) Beckley VA Medical Center	1								1
(518) Bedford,MA		4								4
(518) Bedford,MA	(518) Edith Nourse Rogers Memorial Veterans' Hospital	145	5			1		3	28	108
(518) Bedford,MA	(518GE) Gloucester VA Clinic	1								1
(519) West Texas HCS (Big Spring TX)	(519) George H. O'Brien, Jr., Department of Veterans Affairs Medical Center	8	2							6
(520) Biloxi, MS	(520) Biloxi VA Medical Center	17	3					1	1	12
(520) Biloxi, MS	(520GA) Mobile VA Clinic	2	1							1
(520) Biloxi, MS	(520GC) Eglin Air Force Base VA Clinic	1								1
(521) Birmingham, AL	(521) Birmingham VA Medical Center	46	6		2		5	1	6	26
(521) Birmingham, AL	(521GJ) Birmingham VA Clinic	1								1
(523) Boston HCS (Boston)	(523) Jamaica Plain VA Medical Center	112	1					17	5	89
(523) Boston HCS (Boston)	(523A4) West Roxbury VA Medical Center	97	5				5	4	18	65
(523) Boston HCS (Boston)	(523A5) Brockton VA Medical Center	75	2			1	2		6	64
(523) Boston HCS (Boston)	(523BY) Lowell VA Clinic	26	2							24
(523) Boston HCS (Boston)	(523BZ) Causeway VA Clinic	1								1
(523) Boston HCS (Boston)	(523GC) Quincy VA Clinic	1								1
(526) Bronx, NY	(526) James J. Peters Department of Veterans Affairs Medical Center	477	19	1	6	1	8	5	61	376

(526) Bronx, NY	(526GA) White Plains VA Clinic	2	1							1
(526) Bronx, NY	(526GD) Thomas P. Noonan Jr. Department of Veterans Affairs Outpatient Clinic	1					1			
(526) Bronx, NY	(526QA) Bronx VA Mobile Clinic	3	1							2
(528) Upstate New York HCS		3							1	2
(528) Upstate New York HCS	(528) Buffalo VA Medical Center	198	30				13	14	13	128
(528) Upstate New York HCS	(528A5) Canandaigua VA Medical Center	1								1
(528) Upstate New York HCS	(528A6) Bath VA Medical Center	4					2			2
(528) Upstate New York HCS	(528A7) Syracuse VA Medical Center	13			4		1		2	6
(528) Upstate New York HCS	(528A8) Samuel S. Stratton Department of Veterans Affairs Medical Center	39	2				5		6	26
(528) Upstate New York HCS	(528GE) Rochester Westfall VA Clinic	2	1							1
(528) Upstate New York HCS	(528QC) Rochester Calkins VA Clinic	3	2							1
(529) Butler, PA	(529) Abie Abraham VA Clinic	11	1					3		7
(529) Butler, PA	(529GA) Michael A. Marzano Department of Veterans Affairs Outpatient Clinic	1								1
(531) Boise,ID	(531) Boise VA Medical Center	9	2						1	6

(534) Charleston, SC	(534) Ralph H. Johnson Department of Veterans Affairs Medical Center	20	1				1			18
(534) Charleston, SC	(534GB) Myrtle Beach VA Clinic	1								1
(534) Charleston, SC	(534GF) Trident 1 VA Clinic	1								1
(537) Chicago (Westside), IL		2				1				1
(537) Chicago (Westside), IL	(537) Jesse Brown Department of Veterans Affairs Medical Center	290	26		4	1	10	1	16	232
(538) Chillicothe, OH	(538) Chillicothe VA Medical Center	11	1						1	9
(539) Cincinnati, OH	(539) Cincinnati VA Medical Center	47	3					1	1	42
(539) Cincinnati, OH	(539GC) Dearborn VA Clinic	1								1
(540) Clarksburg, WV	(540) Louis A. Johnson Veterans' Administration Medical Center	4								4
(541) Cleveland, OH		5					3		1	1
(541) Cleveland, OH	(541) Louis Stokes Cleveland Department of Veterans Affairs Medical Center	210	30		1		15	25	2	137
(541) Cleveland, OH	(541BY) Canton VA Clinic	3								3
(541) Cleveland, OH	(541BZ) Youngstown VA Clinic	3								3
(541) Cleveland, OH	(541GD) David F. Winder Department of Veterans Affairs Community Based Outpatient Clinic	2	1							1
(541) Cleveland, OH	(541GF) Lake County VA Clinic	1	1							

(541) Cleveland, OH	(541GG) Akron VA Clinic	1								1
(541) Cleveland, OH	(541GI) Warren VA Clinic	1								1
(541) Cleveland, OH	(541GL) Parma VA Clinic	2								2
(541) Cleveland, OH	(541QA) Summit County VA Clinic	1								1
(541) Cleveland, OH	(541QB) Cleveland VA Clinic-Euclid	1								1
(542) Coatesville, PA		2								2
(542) Coatesville, PA	(542) Coatesville VA Medical Center	55	10				1	9		35
(542) Coatesville, PA	(542GA) Delaware County VA Clinic	1								1
(544) Columbia, SC	(544) Wm. Jennings Bryan Dorn Department of Veterans Affairs Medical Center	127	8					4	4	111
(544) Columbia, SC	(544BZ) Greenville VA Clinic	7	1							6
(544) Columbia, SC	(544GD) Anderson VA Clinic	1	1							
(544) Columbia, SC	(544GF) Sumter VA Clinic	2								2
(546) Miami, FL	(546) Bruce W. Carter Department of Veterans Affairs Medical Center	108	10				8		6	84
(546) Miami, FL	(546BZ) William "Bill" Kling Department of Veterans Affairs Outpatient Clinic	1								1
(546) Miami, FL	(546GD) Pembroke Pines VA Clinic	1								1
(548) West Palm Beach, FL	(548) West Palm Beach VA Medical Center	61	12				3	3	4	39
(548) West Palm Beach, FL	(548GB) Delray Beach VA Clinic	1								1

(548) West Palm Beach, FL	(548GD) Boca Raton VA Clinic	2	1							1
(549) North Texas HCS (Dallas TX)	(549) Dallas VA Medical Center	84	14				3	2	5	60
(550) Illiana HCS (Danville IL)	(550) Danville VA Medical Center	6								6
(552) Dayton, OH	(552) Dayton VA Medical Center	22	8							14
(552) Dayton, OH	(552GC) Richmond VA Clinic	1								1
(553) Detroit, MI	(553) John D. Dingell Department of Veterans Affairs Medical Center	249	15		4	1		7	26	196
(553) Detroit, MI	(553BU) Detroit VA Domiciliary	4							1	3
(554) Eastern Colorado HCS (Denver CO)	(554) Rocky Mountain Regional VA Medical Center	237	18		1		6	15	5	192
(554) Eastern Colorado HCS (Denver CO)	(554GE) PFC Floyd K. Lindstrom Department of Veterans Affairs Clinic	9	1							8
(556) North Chicago, IL		1								1
(556) North Chicago, IL	(556) Captain James A. Lovell Federal Health Care Center	100	7		4		8		2	79
(557) Dublin, GA	(557) Carl Vinson Veterans' Administration Medical Center	44	1				1			42
(558) Durham, NC	(558) Durham VA Medical Center	70	7		2		11	4	1	45
(558) Durham, NC	(558GA) Greenville VA Clinic	5	2					1		2
(558) Durham, NC	(558GB) Raleigh VA Clinic	2								2

(561) New Jersey HCS (East Orange)		1								1
(561) New Jersey HCS (East Orange)	(561) East Orange VA Medical Center	437	30		7		12	13	38	337
(561) New Jersey HCS (East Orange)	(561A4) Lyons VA Medical Center	242	2			2	2	7	25	204
(561) New Jersey HCS (East Orange)	(561GD) Hackensack VA Clinic	3								3
(561) New Jersey HCS (East Orange)	(561GE) Jersey City VA Clinic	1								1
(562) Erie, PA	(562) Erie VA Medical Center	6	1					1		4
(564) Fayetteville, AR	(564) Fayetteville VA Medical Center	6	2						2	2
(565) Fayetteville, NC	(565) Fayetteville VA Medical Center	68	6					4		58
(565) Fayetteville, NC	(565GC) Wilmington VA Clinic	1	1							
(565) Fayetteville, NC	(565GD) Hamlet VA Clinic	1								1
(565) Fayetteville, NC	(565GE) Robeson County VA Clinic	3	1							2
(565) Fayetteville, NC	(565GL) Cumberland County VA Clinic	5	1							4
(568) Black Hills HCS (Fort Meade SD) (CACHE 5.0)	(568) Fort Meade VA Medical Center	1								1
(570) Central California HCS (Fresno CA)	(570) Fresno VA Medical Center	22	6		1		2			13
(573) N. Florida/S. Georgia HCS (Gainesville FL)	(573) Malcom Randall Department of Veterans Affairs Medical Center	29	2				3	1		23
(573) N. Florida/S. Georgia HCS (Gainesville FL)	(573A4) Lake City VA Medical Center	7			1					6

(575) Grand Junction, CO	(575) Grand Junction VA Medical Center	5						2		3
(578) Hines, IL	(578) Edward Hines Junior Hospital	159	13		4		9	1	13	119
(580) Houston, TX	(580) Michael E. DeBakey Department of Veterans Affairs Medical Center	129	18					2	6	103
(580) Houston, TX	(580GE) Katy VA Clinic	1	1							
(581) Huntington, WV	(581) Hershel "Woody" Williams VA Medical Center	8	1		1				1	5
(583) Indianapolis, IN	(583) Richard L. Roudebush Veterans' Administration Medical Center	263	28		8		6	12	22	187
(583) Indianapolis, IN	(583GD) Indianapolis West VA Clinic	1								1
(585) Iron Mountain, MI	(585) Oscar G. Johnson Department of Veterans Affairs Medical Facility	1	1							
(586) Jackson, MS	(586) G.V. (Sonny) Montgomery Department of Veterans Affairs Medical Center	95	26		1		5	2	3	58
(589) VA Heartland West (Kansas City MO)	(589) Kansas City VA Medical Center	62	10					2	1	49
(589) VA Heartland West (Kansas City MO)	(589A4) Harry S. Truman Memorial Veterans' Hospital	7	1				3		1	2
(589) VA Heartland West (Kansas City MO)	(589A5) Colmery-O'Neil Veterans' Administration Medical Center	9	3							6
(589) VA Heartland West (Kansas City MO)	(589A6) Dwight D. Eisenhower Department of	10	1							9

	Veterans Affairs Medical Center									
(589) VA Heartland West (Kansas City MO)	(589A7) Robert J. Dole Department of Veterans Affairs Medical and Regional Office Center	9							1	8
(589) VA Heartland West (Kansas City MO)	(589GB) Belton VA Clinic	1								1
(589) VA Heartland West (Kansas City MO)	(589GW) Salina VA Clinic	1								1
(589) VA Heartland West (Kansas City MO)	(589JB) Excelsior Springs VA Clinic	1	1							
(589) VA Heartland West (Kansas City MO)	(589JC) Shawnee VA Clinic	1								1
(589) VA Heartland West (Kansas City MO)	(589JF) Honor VA Clinic	5								5
(590) Hampton, VA		1								1
(590) Hampton, VA	(590) Hampton VA Medical Center	56	3		3		3	2	2	43
(593) Southern Nevada HCS (Las Vegas NV)	(593) North Las Vegas VA Medical Center	44	3		2		1	1		37
(593) Southern Nevada HCS (Las Vegas NV)	(593GE) Southeast Las Vegas VA Clinic	2								2
(593) Southern Nevada HCS (Las Vegas NV)	(593GG) Northeast Las Vegas VA Clinic	10								10
(593) Southern Nevada HCS (Las Vegas NV)	(593GH) Master Chief Petty Officer Jesse Dean VA Clinic	1								1
(595) Lebanon, PA	(595) Lebanon VA Medical Center	101	12		2		1	11	3	72
(595) Lebanon, PA	(595GC) Lancaster County VA Clinic	1								1
(596) Lexington, KY	(596A4) Troy Bowling Campus	8	1		1					6

(598) Central Arkansas HCS (Little Rock AR)	(598) John L. McClellan Memorial Veterans' Hospital	41	7		3			1	4	26
(598) Central Arkansas HCS (Little Rock AR)	(598GF) Searcy VA Clinic	1								1
(600) Long Beach HCS (Long Beach CA)	(600) Tibor Rubin VA Medical Center	90	9		1		7	2	2	69
(603) Louisville, KY	(603) Robley Rex Department of Veterans Affairs Medical Center	69	9		4		1	1	6	48
(603) Louisville, KY	(603GB) New Albany VA Clinic	1								1
(603) Louisville, KY	(603GC) Shively VA Clinic	1								1
(603) Louisville, KY	(603GD) Stonybrook VA Clinic	2	1							1
(603) Louisville, KY	(603GE) Newburg VA Clinic	3								3
(605) Loma Linda, CA	(605) Jerry L. Pettis Memorial Veterans' Hospital	41	5		1		1		1	33
(605) Loma Linda, CA	(605BZ) Loma Linda VA Clinic	9								9
(605) Loma Linda, CA	(605GD) Corona VA Clinic	1								1
(607) Madison, WI	(607) William S. Middleton Memorial Veterans' Hospital	21	1		5				2	13
(608) Manchester, NH	(608) Manchester VA Medical Center	24	2					2		20
(610) Northern Indiana HCS (Marion, IN)	(610) Marion VA Medical Center	29	13							16
(610) Northern Indiana HCS (Marion, IN)	(610A4) Fort Wayne VA Medical Center	16			1		2		4	9
(610) Northern Indiana HCS (Marion, IN)	(610GC) Goshen VA Clinic	1								1

(612) Northern California HCS (Martinez CA)	(612) Martinez VA Community Living Center	9	2							7
(612) Northern California HCS (Martinez CA)	(612A4) Sacramento VA Medical Center	14							3	11
(612) Northern California HCS (Martinez CA)	(612GF) Martinez VA Medical Center	9	2							7
(612) Northern California HCS (Martinez CA)	(612GH) McClellan VA Clinic	2								2
(613) Martinsburg, WV	(613) Martinsburg VA Medical Center	61	14				6	4	3	34
(614) Memphis, TN	(614) Memphis VA Medical Center	42	5		3				5	29
(618) Minneapolis, MN (CACHE 5.0)	(618) Minneapolis VA Medical Center	143	28		2		5	13	10	85
(618) Minneapolis, MN (CACHE 5.0)	(618GI) Northwest Metro VA Clinic	1								1
(619) Central Alabama HCS (Montgomery AL)	(619) Central Alabama VA Medical Center-Montgomery	32	8				5			19
(619) Central Alabama HCS (Montgomery AL)	(619A4) Central Alabama VA Medical Center-Tuskegee	4	1							3
(619) Central Alabama HCS (Montgomery AL)	(619GF) Central Alabama Montgomery VA Clinic	1								1
(619) Central Alabama HCS (Montgomery AL)	(619QA) Dothan 2 VA Clinic	1	1							
(620) Hudson Valley HCS (Castle Point, Montrose)		3								3
(620) Hudson Valley HCS (Castle Point, Montrose)	(620) Franklin Delano Roosevelt Hospital	118	9			1		1	7	100
(620) Hudson Valley HCS (Castle Point, Montrose)	(620A4) Castle Point VA Medical Center	58	1					2	1	54

(621) Mountain Home, TN	(621) James H. Quillen Department of Veterans Affairs Medical Center	14	3							11
(621) Mountain Home, TN	(621BY) William C. Tallent Department of Veterans Affairs Outpatient Clinic	2								2
(621) Mountain Home, TN	(621GI) Dannie A. Carr Veterans Outpatient Clinic	2								2
(621) Mountain Home, TN	(621GJ) Bristol VA Clinic	1								1
(621) Mountain Home, TN	(621QB) Marion VA Clinic	1								1
(623) Muskogee, OK	(623) Jack C. Montgomery Department of Veterans Affairs Medical Center	25	3					3	2	17
(623) Muskogee, OK	(623BY) Ernest Childers Department of Veterans Affairs Outpatient Clinic	5								5
(623) Muskogee, OK	(623GB) Vinita VA Clinic	1								1
(626) Tennessee Valley HCS (Nashville TN)	(626) Nashville VA Medical Center	47	2						3	42
(626) Tennessee Valley HCS (Nashville TN)	(626A4) Alvin C. York Veterans' Administration Medical Center	14	1		1		2			10
(629) New Orleans, LA	(629) New Orleans VA Medical Center	494	16		1		10	5	35	427
(629) New Orleans, LA	(629BY) Baton Rouge VA Clinic	26						3		23
(629) New Orleans, LA	(629GA) Houma VA Clinic	1	1							
(629) New Orleans, LA	(629GB) Hammond VA Clinic	6								6
(629) New Orleans, LA	(629GD) St. John VA Clinic	1								1
(629) New Orleans, LA	(629QA) Baton Rouge South VA Clinic	1								1

(630) New York HHS (Brooklyn)		71				6	1		5	59
(630) New York HHS (Brooklyn)	(630) Manhattan VA Medical Center	271	16		2		7	6	31	209
(630) New York HHS (Brooklyn)	(630A4) Brooklyn VA Medical Center	199	2		2	1	4	1	36	153
(630) New York HHS (Brooklyn)	(630A5) St. Albans VA Medical Center	7								7
(631) Northampton, MA	(631) Edward P. Boland Department of Veterans Affairs Medical Center	48	2					2		44
(631) Northampton, MA	(631BY) Springfield VA Clinic	8						1		7
(631) Northampton, MA	(631GE) Worcester VA Clinic	6	1							5
(632) Northport, NY	(632) Northport VA Medical Center	225	11				4	8	20	182
(632) Northport, NY	(632HD) Patchogue VA Clinic	1								1
(635) Oklahoma City, OK	(635) Oklahoma City VA Medical Center	32	1		1		1	1	2	26
(636) Central Plains HCS (Omaha NE)	(636) Omaha VA Medical Center	95	17		3		1	5	5	64
(636) Central Plains HCS (Omaha NE)	(636A4) Grand Island VA Medical Center	12	4				1			7
(636) Central Plains HCS (Omaha NE)	(636A5) Lincoln VA Clinic	3								3
(636) Central Plains HCS (Omaha NE)	(636A6) Des Moines VA Medical Center	40	10		1		5		4	20
(636) Central Plains HCS (Omaha NE)	(636A8) Iowa City VA Medical Center	18	3		3				2	10
(636) Central Plains HCS (Omaha NE)	(636GD) Marshalltown VA Clinic	2	1							1

(636) Central Plains HCS (Omaha NE)	(636GF) Quad Cities VA Clinic	6	1							5
(636) Central Plains HCS (Omaha NE)	(636GI) Lane A. Evans VA Community Based Outpatient Clinic	2								2
(636) Central Plains HCS (Omaha NE)	(636GJ) Dubuque VA Clinic	1								1
(636) Central Plains HCS (Omaha NE)	(636GS) Ottumwa VA Clinic	1	1							
(636) Central Plains HCS (Omaha NE)	(636GT) Sterling VA Clinic	1								1
(637) Asheville, NC	(637) Charles George Department of Veterans Affairs Medical Center	29	2		9			4	4	10
(637) Asheville, NC	(637GB) Rutherford County VA Clinic	1								1
(640) Palo Alto HCS (Palo Alto CA)		2								2
(640) Palo Alto HCS (Palo Alto CA)	(640) Palo Alto VA Medical Center	36	3				2	3	4	24
(640) Palo Alto HCS (Palo Alto CA)	(640A4) Palo Alto VA Medical Center-Livermore	2								2
(640) Palo Alto HCS (Palo Alto CA)	(640BY) San Jose VA Clinic	1								1
(640) Palo Alto HCS (Palo Alto CA)	(640GC) Fremont VA Clinic	1								1
(640) Palo Alto HCS (Palo Alto CA)	(640HA) Stockton VA Clinic	1								1
(640) Palo Alto HCS (Palo Alto CA)	(640HB) Modesto VA Clinic	2	2							
(642) Philadelphia, PA	(642) Corporal Michael J. Crescenz Department of	397	43		4		7	10	15	318

	Veterans Affairs Medical Center									
(644) Phoenix, AZ	(644) Carl T. Hayden Veterans' Administration Medical Center	67	8		2		1	4	3	49
(644) Phoenix, AZ	(644BY) Southeast VA Clinic	1								1
(644) Phoenix, AZ	(644GA) Northwest VA Clinic	1								1
(644) Phoenix, AZ	(644GH) Phoenix Midtown VA Clinic	1								1
(646) Pittsburgh HCS (Pittsburgh PA)	(646) Pittsburgh VA Medical Center-University Drive	45	3		2		2	1	2	35
(646) Pittsburgh HCS (Pittsburgh PA)	(646A4) H. John Heinz III Department of Veterans Affairs Medical Center	3								3
(648) Portland, OR (CACHE 5.0)	(648) Portland VA Medical Center	24			5			1	3	15
(648) Portland, OR (CACHE 5.0)	(648A4) Portland VA Medical Center-Vancouver	1								1
(649) Northern Arizona HCS (Prescott AZ)	(649) Bob Stump Department of Veterans Affairs Medical Center	11								11
(650) Providence, RI	(650) Providence VA Medical Center	90	2		2			12	3	71
(652) Richmond, VA	(652) Hunter Holmes McGuire Hospital	100	23		3			4	5	65
(653) Roseburg HCS (Roseburg OR)	(653) Roseburg VA Medical Center	2								2
(654) Sierra Nevada HCS (Reno NV)	(654) Ioannis A. Lougaris Veterans' Administration Medical Center	21	3		4				2	12

(654) Sierra Nevada HCS (Reno NV)	(654GF) North Reno VA Clinic	1								1
(655) Saginaw, MI	(655) Aleda E. Lutz Department of Veterans Affairs Medical Center	25	7							18
(656) St. Cloud, MN (CACHE 5.0)	(656) St. Cloud VA Medical Center	22	6					1		15
(657) VA Heartland East (Saint Louis MO)	(657) John Cochran Veterans Hospital	117	14				6	5	8	84
(657) VA Heartland East (Saint Louis MO)	(657A0) St. Louis VA Medical Center-Jefferson Barracks	3								3
(657) VA Heartland East (Saint Louis MO)	(657A4) John J. Pershing Veterans' Administration Medical Center	3								3
(657) VA Heartland East (Saint Louis MO)	(657A5) Marion VA Medical Center	1	1							
(657) VA Heartland East (Saint Louis MO)	(657GA) St. Clair County VA Clinic	1								1
(657) VA Heartland East (Saint Louis MO)	(657GB) St. Louis County VA Clinic	2								2
(657) VA Heartland East (Saint Louis MO)	(657GX) Washington Avenue VA Clinic	2	1							1
(657) VA Heartland East (Saint Louis MO)	(657GY) Manchester Avenue VA Clinic	2	1							1
(657) VA Heartland East (Saint Louis MO)	(657QA) Olive Street VA Clinic	4								4
(657) VA Heartland East (Saint Louis MO)	(657QB) Washington Boulevard VA Clinic	2								2
(658) Salem, VA	(658) Salem VA Medical Center	9	1		1					7
(659) Salisbury, NC	(659) W.G. (Bill) Hefner Salisbury Department of	85	8		1			11	3	62

	Veterans Affairs Medical Center									
(659) Salisbury, NC	(659BY) Kernersville VA Clinic	4	1							3
(659) Salisbury, NC	(659BZ) South Charlotte VA Clinic	2								2
(660) Salt Lake City HCS (Salt Lake City UT)	(660) George E. Wahlen Department of Veterans Affairs Medical Center	29	1							28
(662) San Francisco, CA	(662) San Francisco VA Medical Center	22	3		1		2		2	14
(662) San Francisco, CA	(662GA) Santa Rosa VA Clinic	1								1
(662) San Francisco, CA	(662GF) San Francisco VA Clinic	2								2
(663) Puget Sound HCS (Seattle WA) (CACHE 5.0)	(663) Seattle VA Medical Center	87	5		3		2	7	1	69
(663) Puget Sound HCS (Seattle WA) (CACHE 5.0)	(663A4) American Lake VA Medical Center	8								8
(663) Puget Sound HCS (Seattle WA) (CACHE 5.0)	(663GA) Bellevue VA Clinic	1								1
(663) Puget Sound HCS (Seattle WA) (CACHE 5.0)	(663GC) Mount Vernon VA Clinic	1								1
(664) San Diego HCS (San Diego CA)	(664) San Diego VA Medical Center	59	9				3	1		46
(664) San Diego HCS (San Diego CA)	(664BY) Mission Valley VA Clinic	5								5
(664) San Diego HCS (San Diego CA)	(664GB) Oceanside VA Clinic	2	1							1
(664) San Diego HCS (San Diego CA)	(664GC) Chula Vista VA Clinic	3	1							2
(666) Sheridan, WY	(666) Sheridan VA Medical Center	1								1

(667) Shreveport, LA	(667) Overton Brooks Veterans' Administration Medical Center	92	19		1		3	1	9	59
(667) Shreveport, LA	(667GB) Monroe VA Clinic	1								1
(668) Spokane, WA	(668) Mann-Grandstaff Department of Veterans Affairs Medical Center	50	1				24	1	4	20
(671) South Texas HCS (San Antonio TX)	(671) Audie L. Murphy Memorial Veterans' Hospital	66	6		4		4		7	45
(672) San Juan, PR	(672) San Juan VA Medical Center	52	1		1					50
(673) Tampa, FL	(673) James A. Haley Veterans' Hospital	26	2				7		3	14
(673) Tampa, FL	(673BV) Tampa VA Domiciliary	1								1
(673) Tampa, FL	(673BZ) New Port Richey VA Clinic	1								1
(674) Central Texas HCS (Temple TX)	(674) Olin E. Teague Veterans' Center	31	4		3			2		22
(674) Central Texas HCS (Temple TX)	(674BY) Austin VA Clinic	4	2							2
(675) Orlando, FL		1					1			
(675) Orlando, FL	(675) Orlando VA Medical Center	66	9		1		1	1	1	53
(675) Orlando, FL	(675GA) Viera VA Clinic	8	1							7
(675) Orlando, FL	(675GB) William V. Chappell, Jr. Veterans' Outpatient Clinic	1	1							
(675) Orlando, FL	(675GD) Deltona VA Clinic	2								2
(675) Orlando, FL	(675GG) Lake Baldwin VA Clinic	2								2

(676) Tomah, WI	(676) Tomah VA Medical Center	3								3
(676) Tomah, WI	(676GD) Wisconsin Rapids VA Clinic	1								1
(678) Southern Arizona HCS (Tucson AZ)	(678) Tucson VA Medical Center	39	3				6	1	5	24
(679) Tuscaloosa, AL		1								1
(679) Tuscaloosa, AL	(679) Tuscaloosa VA Medical Center	11	2			1				8
(679) Tuscaloosa, AL	(679GA) Selma VA Clinic	1								1
(687) Walla Walla, WA	(687) Jonathan M. Wainwright Memorial VA Medical Center	10	4					1		5
(688) Washington DC	(688) Washington VA Medical Center	345	57		6		10	14	20	238
(689) Connecticut HCS (Westhaven)	(689) West Haven VA Medical Center	190	9		4		15	4	6	152
(689) Connecticut HCS (Westhaven)	(689A4) Newington VA Clinic	86	7					3		76
(689) Connecticut HCS (Westhaven)	(689GA) Waterbury VA Clinic	2								2
(689) Connecticut HCS (Westhaven)	(689GB) Stamford VA Clinic	1								1
(689) Connecticut HCS (Westhaven)	(689GE) Danbury VA Clinic	5								5
(689) Connecticut HCS (Westhaven)	(689HC) John J. McGuirk Department of Veterans Affairs Outpatient Clinic	5								5
(689) Connecticut HCS (Westhaven)	(689QA) Errera VA Clinic	2								2
(691) Greater Los Angeles HCS (Los Angeles CA)		27							1	26

(691) Greater Los Angeles HCS (Los Angeles CA)	(691) West Los Angeles VA Medical Center	65	7		5	2	3		6	42
(691) Greater Los Angeles HCS (Los Angeles CA)	(691A4) Sepulveda VA Medical Center	2	1							1
(691) Greater Los Angeles HCS (Los Angeles CA)	(691GE) Los Angeles VA Clinic	1	1							
(691) Greater Los Angeles HCS (Los Angeles CA)	(691GK) San Luis Obispo VA Clinic	1								1
(693) Wilkes-Barre, PA	(693) Wilkes-Barre VA Medical Center	76	7		1			9	1	58
(693) Wilkes-Barre, PA	(693B4) Allentown VA Clinic	2	1							1
(695) Milwaukee, WI	(695) Clement J. Zablocki Veterans' Administration Medical Center	93	6		9		3		6	69
(740) Texas Valley Coastal Bend HCS (Harlingen TX)	(740) Harlingen VA Clinic	9	2					2		5
(740) Texas Valley Coastal Bend HCS (Harlingen TX)	(740GD) Laredo VA Clinic	1								1
(756) El Paso, TX	(756) El Paso VA Clinic	39	1							38
(756) El Paso, TX	(756QB) El Paso Central VA Clinic	1								1
(757) Columbus, OH	(757) Chalmers P. Wylie Veterans Outpatient Clinic	40	12					1		27

Employees and Contractors COVID-19 Confirmed Positives

as of 23 May 2020, 1100 ET

Source: Administration / Staff Offices, VHA Health Operations Center

A/SO	Location	Facility	Total	Change
BVA	Washington, DC	VACO	3	
NCA	Riverside, CA	Riverside National Cemetery	1	
OEI	Washington, DC	VACO	2	
OGC	Las Vegas, NV	Pacific District at VAMC	1	
OIG	Los Angeles, CA	OIG	1	
OIT	Bossier City, LA	ITOPS-Bossier City	1	
OIT	Cincinnati, OH	ITOPS – Cincinnati VAMC	1	
OIT	Chicago, IL	ITOPS-Edward Hines, Jr VAMC	2	
OIT	Columbia, SC	ITOPS-Wm. Jennings VAMC	1	
OIT	Encinitas, CA	SO – Remote Employee	1	
OIT	Gainesville, FL	Malcolm Randall VAMC	1	
OIT	New York City, NY	ITOPS-Bronx (1) ITOPS-Brooklyn (1)	2	
OIT	Philadelphia, PA	ITOPS-Philadelphia VAMC	1	
OIT	Tinton Falls, NJ	Tinton Falls BOC – OIS CSOC	1	
OIT	San Diego, CA	San Diego VAMC	1	
OIT	Washington, DC	VACO – OIT/EPMO (1) VACO – OIT/ITRM (1) VACO – AMO (1) VACO – OSS (1)	4	
OALC	Washington, DC	OALC/VACO Contractor	1	
OM	Washington, DC	VACO – OM	1	
OPIA	Washington, DC	VACO – OPIA	1	
VBA	Albuquerque, NM	Albuquerque RO	1	
VBA	Buffalo, NY	Buffalo RO	1	
VBA	Cleveland, OH	Cleveland RO	1	
VBA	Columbia, SC	Columbia RO	1	
VBA	Jackson, MI	VBA Central Office*	1	
VBA	Milwaukee, WI	Milwaukee RO	1	
VBA	New York City, NY	New York RO	3	
VBA	Philadelphia, PA	Philadelphia RO	1	
VBA	San Diego, CA	San Diego RO	1	
VBA	St. Louis, MO	St. Louis RO	1	
VEO	Salt Lake City, UT	White House Veterans Line	3	
VEO	Shepherdstown, WV	White House Veterans Line	1	
VHA	Alexandria, LA	Alexandria HCS	5	
VHA	Amarillo, TX	Thomas E Creek VAMC	1	
VHA	Ann Arbor, MI	Ann Arbor HCS	2	
VHA	Atlanta, GA	Atlanta HCS	3	-2
VHA	Aurora, CO	Rocky Mountain Regional VAMC	3	-1
VHA	Baltimore, MD	Baltimore VAMC	27	
VHA	Bath, NY	Bath VAMC	2	
VHA	Battle Creek, MI	Battle Creek VAMC	10	-9
VHA	Bay Pines, FL	CW Bill Young VAMC	9	+1

Employees and Contractors COVID-19 Confirmed Positives

as of 23 May 2020, 1100 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Bedford, MA	Edith Nourse Rogers Memorial VAMC	12	-1
VHA	Biloxi, MS	Gulf Coast HCS	3	
VHA	Birmingham, AL	Birmingham VAMC	8	
VHA	Boise, ID	Boise VAMC	4	
VHA	Boston, MA	Jamaica Plain VAMC	49	-7
VHA	Buffalo, NY	Buffalo VAMC	8	-4
VHA	Chicago, IL	Jesse Brown VAMC (9) (+2) Capt James A. Lovell VAMC (26)(-2) Edward Hines Jr VAMC (7)(+1)	42	+1
VHA	Chillicothe, OH	Chillicothe VAMC	0	-1
VHA	Cincinnati, OH	Cincinnati VAMC	11	
VHA	Cleveland, OH	Cleveland VAMC	11	-1
VHA	Coatesville, PA	Coatesville VAMC	12	+1
VHA	Columbia, SC	Wm. Jennings Bryan Dorn VAMC	1	
VHA	Columbus, OH	Chalmers P. Wylie VA Ambulatory Care Center	3	-1
VHA	Dallas, TX	Dallas VAMC	62	
VHA	Dayton, OH	Dayton VAMC	3	+2
VHA	Des Moines, IA	VA Central Iowa Health Care System	2	
VHA	Detroit, MI	John D. Dingell VAMC	5	-1
VHA	Dublin, GA	Carl Vinson VAMC	2	
VHA	Durham, NC	Durham VA Health Care System	2	
VHA	East Orange, NJ	New Jersey HCS	49	-4
VHA	Fargo, ND	Fargo VAMC	4	
VHA	Fayetteville, NC	Fayetteville VA Coastal Health Care System	1	
VHA	Gainesville, FL	Malcom Randall VA Medical Center	8	
VHA	Hampton, VA	Hampton VAMC	6	
VHA	Harlingen, TX	Harlingen VA Clinic	2	
VHA	Houston, TX	Michael E. DeBakey VAMC	4	
VHA	Indianapolis, IN	Richard L. Roudebush VAMC	2	+2
VHA	Jackson, MS	G.V. (Sonny) Montgomery VAMC	3	
VHA	Las Vegas, NV	Southern Nevada HCA	5	-1
VHA	Lexington, KY	Lexington VAMC - Franklin R. Sousley Campus	1	
VHA	Little Rock, AR	Central Arkansas Health Care System	8	
VHA	Loma Linda, CA	Loma Linda HCS	7	-1
VHA	Long Beach, CA	Long Beach HCS	3	
VHA	Los Angeles, CA	Greater Los Angeles Health Care System	5	
VHA	Louisville, KY	Robley Rex VAMC	1	
VHA	Madison, WI	William S. Middleton VAMC	5	
VHA	Martinsburg, WV	Martinsburg VAMC	5	
VHA	Memphis, TN	Memphis VAMC	2	

Employees and Contractors COVID-19 Confirmed Positives

as of 23 May 2020, 1100 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Miami, FL	Miami VA HCS	7	
VHA	Milwaukee, WI	Milwaukee VAMC	5	
VHA	Minneapolis, MN	Minneapolis HCS	8	+3
VHA	Montgomery, AL	Central Alabama Veterans Health Care System (CAVHCS)- West Campus	7	+2
VHA	Montrose, NY	Hudson Valley HCS	2	
VHA	Nashville, TN	Tennessee Valley HCS	1	
VHA	New Orleans, LA	New Orleans VAMC	186	
VHA	New York City, NY	James J. Peters VAMC (103) NY Harbor HCS – Manhattan Campus (135) Northport VAMC (23)(-1)	261	-1
VHA	Northampton, MA	Central Western Massachusetts HCS	3	
VHA	Oklahoma City, OK	Oklahoma City HCS	9	
VHA	Omaha, NE	Nebraska Iowa HCS	14	+1
VHA	Orlando, FL	Orlando VA HCS	2	
VHA	Palo Alto, CA	Palo Alto VAMC	3	
VHA	Philadelphia, PA	Corporal Michael J. Crescenz VAMC	6	-2
VHA	Phoenix, AZ	Phoenix Health Care System	6	
VHA	Pittsburgh, PA	Pittsburgh VA Medical Center-University Drive	3	-4
VHA	Poplar Bluff, MO	John J. Pershing VAMC	0	-1
VHA	Portland, OR	Portland VAMC	28	+1
VHA	Providence, RI	Providence VAMC	1	
VHA	Reno, NV	VA Sierra Nevada Health Care System	12	
VHA	Richmond, VA	Hunter Holmes McGuire VAMC	6	-1
VHA	Roseburg, OR	Roseburg Health Care System	1	
VHA	Salem, VA	Salem VAMC	1	
VHA	Salisbury, NC	W. G. (Bill) Hefner VA Medical Center	2	
VHA	Salt Lake City, UT	George E Wahlen VAMC	2	+2
VHA	San Antonio, TX	Audie L. Murphy VAMC	15	
VHA	San Diego, CA	San Diego VAMC	3	+1
VHA	San Francisco, CA	San Francisco Health Care System	4	-1
VHA	San Juan, PR	San Juan VAMC	7	
VHA	Seattle, WA	Puget Sound Health Care System	9	
VHA	Sheridan, WY	Sheridan VAMC	1	
VHA	Shreveport, LA	Overton Brooks VA Medical Center	21	
VHA	Sioux Falls, SD	Royal C. Johnson Veterans Memorial Hospital	1	
VHA	St. Cloud, MN	St. Cloud VAMC	3	
VHA	St. Louis, MO	St Louis HCS	5	
VHA	Syracuse, NY	Syracuse VAMC	12	
VHA	Tampa, FL	Tampa VAMC	1	
VHA	Temple, TX	Olin E. Teague VAMC	4	

Employees and Contractors COVID-19 Confirmed Positives

as of 23 May 2020, 1100 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Topeka, KS	Eastern Kansas Health Care System	2	
VHA	Tucson, AZ	Tucson VAMC	1	+1
VHA	Tuscaloosa, AL	Tuscaloosa VAMC	8	+7
VHA	Washington, DC	Washington DC VAMC	37	+2
VHA	West Palm Beach, FL	West Palm Beach VA Medical Center	1	-1
VHA	Wilkes-Barre, PA	Wilkes-Barre VAMC	1	
VHA	Wilmington, DE	Wilmington VAMC	2	-1
		Total:	**1,180**	**-19**

Red numbers indicate recovered or released and return to duty.

* Geographically separated employees
    VBA Employees assigned to VBA Central Office.
    HRA Employee works for HRA/ORM but lives in Salt Lake City, UT